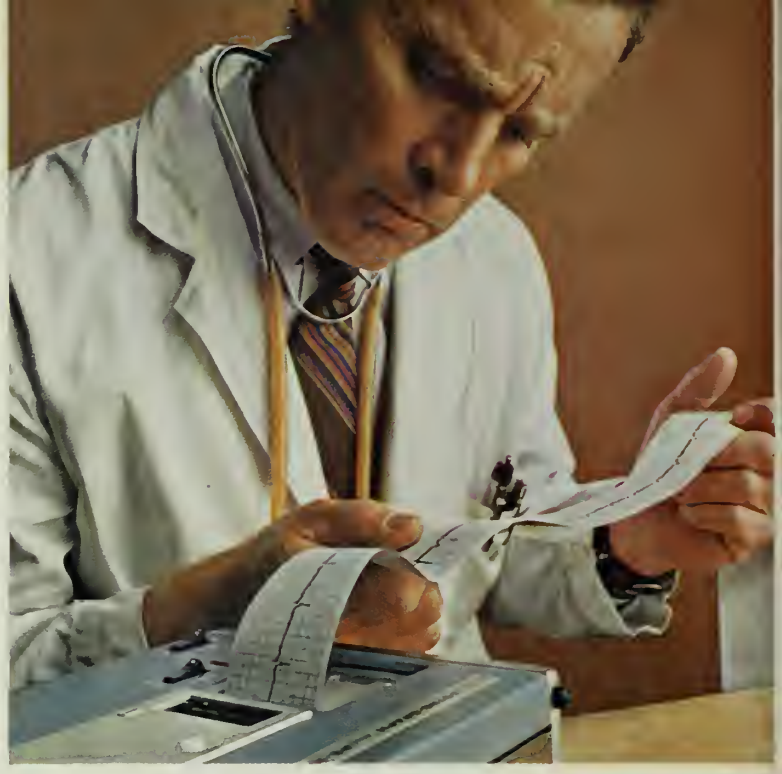
Harvard Medical Alumni Bulletin

March / April 1974

"Alumni Power"

When cardiac complaints occur in the absence of organic findings, underlying anxiety may be one factor



The influence of anxiety on heart function

Excessive anxiety is one of a combination of factors that may trigger a series of maladaptive functional reactions which can generate further anxiety. Often involved in this vicious circle are some cardiac arrhythmias, paroxysmal supraventricular tachycardia and premature systoles. When these symptoms resemble those associated with actual organic disease, the overanxious patient needs reassurance that they have no

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Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions

Overview

Elbert Named Walker Professor

The first endowed professorship specifically designed for a dean has been established at the Harvard Medical School. The Caroline Shields Walker Professorship was made possible by the bequest of the late Mrs. George G. Walker, and Robert Higgins Ebert, M.D. has been named the first incumbent.

Dr. Ebert

In accepting the gift for Dean Ebert and his successors, President Bok said, "This chair is the first at Harvard that provides income for the support of a Dean. It sets a precedent which we hope will stimulate similar gifts for the deans of other faculties."

Mrs. Walker, daughter of the late Edwin and Martha Deardorff Shields, was born in Kansas City. Her deep interest in medicine stemmed from her days as a nurse's aide during World War II. She had a strong admiration for and close family ties to Harvard. Her husband, George G. Walker, former chairman of Ebasco Industries, is an alumnus of Harvard, Class of 1924, a member of the University Committee on Resources, Co-Chairman of the Medical School's Committee on Resources, and a member of the Overseers Committee to Visit the Medical School. Her son, Philip S. Dickson, Jr., graduated from Harvard in 1950.

In 1965, Mrs. Walker informed Nathan M. Pusey, then president of Harvard, of her bequest as a "means of demonstrating in a significant way my belief in the quality of Harvard Medical School and my admiration and respect for you."

Dr. Ebert joined the faculty of medicine in 1964 when he was named Jackson Professor of Clinical Medicine and chief of medicine at the Massachusetts General Hospital. A year later he was appointed dean of the faculty of medicine, the third Jackson Professor selected for this post.

Dohlman Directs Howe Laboratory

Claes H. Dohlman has been named professor of ophthalmology and chairman of the department at the Massachusetts Eye and Ear Infirmary. He will also serve as director of Harvard's world-famed Howe Laboratory of Ophthalmology, located at the Infirmary.

At the Infirmary Dr. Dohlman succeeds Henry F. Allen '43A, the Henry Willard Williams Clinical Professor of Ophthalmology, as chief of the department of ophthalmology; and David C. Cogan '32, professor of ophthalmology, as director of the Howe Laboratory.

Dr. Dohlman

A native of Sweden, Dr. Dohlman came to Boston in 1958 to join the Retina Foundation and the faculty of medicine at Harvard. Prior to his new appointments, he was director of the Cornea Service and was a surgeon at the Infirmary. He is vice-president of the Retina Foundation and director of the department of cornea research.

In collaboration with other members of clinical and basic research teams, he has investigated the biochemistry and physiology of the cornea, the field of corneal pharmacology, and the modification of surgical and medical treatment of corneal disorders. His efforts have led to refined surgical techniques and postoperative treatment of corneal transplantation, approaches that now know commendable success rates.

His colleagues as well as graduate and undergraduate students acclaim Dr. Dohlman as an outstanding teacher and organizer. The Cornea Service instituted by him at the Infirmary is considered the best of its type in the U.S. and was the first specialty clinic of its kind in the world. It is the largest such center devoted to the investigation, treatment, and teaching of corneal disease.

Dr. Dohlman received the Medicine Licentiat in 1950 and the Medicine Doktor in 1958 from the University of Lund, where he undertook specialty training. He furthered his specialty training in France at specialty centers both in Lyons and Paris. In 1971 he received the Jonas S. Friedenwald Award for Research in Ophthalmology and in 1972 he delivered both the Bjerrum Lecture in Copenhagen and the 26th annual Proctor Lecture.

Kass Appointed Channing Professor

Edward H. Kass has been named the first incumbent of the newly-established William Ellery Channing Professorship of Medicine in the faculty of medicine at HMS.

The chair which Dr. Kass will hold has been established by the University in large part with funds representing the net assets of the Channing Home

Dr. Kass

which, some 116 years ago, was founded in Boston as a "Hospital for Sick and Destitute Women." Over the years, the Channing Home has been devoted to the care of "women with pulmonary tuberculosis." At the time of the closing of the Home in 1958, it was regarded as the oldest institution in the nation with the longest record for the care of tubercular patients.

Since 1958 the endowment income from the Channing Home has provided annual financial support for Harvard's Channing Laboratory at the Boston City Hospital.

In keeping with the Home's prior dedication, the Channing Professorship will have as its purpose the "support of teaching and research activities in infectious diseases."

As head of the division of infectious diseases in the Harvard medical unit at Boston City Hospital, Dr. Kass, who has been professor of medicine since 1969, has directed research centering on urinary infections, the role of endotoxins in infectious and hemolytic anemia, and the ill effects of cortocosteroids in infections in both man and animals. He also directs one of 15 national clinical centers funded by the National Heart and Lung Institute, to seek out those within a geographically defined population who are classed as hypertensives.

Dr. Kass received the Ph.D. degree from the University of Wisconsin in 1943 and the M.D. degree from the University of California in 1947. He was the recipient of the gold-headed cane award as the member of the class best exemplifying qualities of an outstanding physician. Dr. Kass is a fellow of the American College of Physicians, the American Heart Association Council on Epidemiology, the College of American Pathologists, the New York Academy of Sciences, and the Royal Society of Medicine. He served as president of the Infectious Diseases Society of America in 1970.

Kuffler Becomes Enders Professor

Stephen W. Kuffler, M.D., Robert Winthrop Professor and chairman of the department of neurobiology at HMS, has been appointed the first John Franklin Enders University Professor.

Dr. Kuffler is famed for his significant scientific contributions to the understanding of the nature of neuromuscular and synaptic transmission, the mechanisms responsible for inhibition in the nervous system, the functional organization of the retina and visual system, and the role of the neuroglia in the CNS.

Some of the highest awards given in his field have been bestowed upon Dr. Kuffler. Last fall, he received the Dickson Prize in Medicine from the University of Pittsburgh for his "contributions to several of the most significant advances in the Natural Sciences of the past several decades." In 1973 he received the Proctor Award in Ophthalmology, in 1971 the Passano Award and in October 1972 he was given Columbia University's Horowitz Prize for outstanding research in biology with a $25,000 recognition of his "exquisite experiments" which have "provided information of fundamental importance to the understanding of the nature of neuromuscular and synaptic transmission. . . ."

Dr. Kuffler

The Enders Professorship was established in 1967 to honor Dr. John F. Enders, University Professor Emeritus, one of three Harvard men receiving the Nobel Prize in 1954 for developing a method of growing poliomyelitis virus in laboratory cultures. The method, developed by Dr. Enders, Thomas H. Weller '40, and Frederick C. Robbins '40, enabled the U.S. polio vaccine program to be accomplished. Dr. Kuffler is the first to receive the professorship. University professorships were established in 1935 "for distinguished scholars working on the frontiers of knowledge" to allow them to conduct independent research and to work and lecture throughout the University.

Marginal Removed from Grading System

In response to a petition from students in the first-year class, members of the faculty of medicine at their 23 January meeting, accepted the recommendations of a joint student-faculty ad hoc committee and voted to remove the category "marginal" as a measure of student evaluation. Thus, the grading system for the Class of 1977 and succeeding classes evaluated perfomance on the basis of three criteria; "satisfactory," "unsatisfactory," and "excellent."

Under the revision, if remedial work in a course is deemed essential, students' grades will be recorded as "unsatisfactory."

It was further voted that although "excellent would continue to be a recognized grade in all courses, it should be reserved for clearly outstanding performance."

Two HMS Chairs Honor L. J. Henderson

Four new associate professorships — two at Harvard Medical School and two at Massachusetts Institute of Technology — have been established in the Harvard-MIT Program in Health Sciences and Technology.

The associate professorships, which honor two distinguished scientists, were funded by a $1 million gift from the Becton, Dickinson and Co., a leading manufacturer of health care products. The award of these associate professorships is designed to support promising faculty members in the Harvard-MIT Program during the non-tenure period in their academic careers.

The two chairs at HMS honor the late Lawrence J. Henderson, M.D., a distinguished biochemist who taught at Harvard from 1904 until his death in 1942. A graduate of Harvard College and HMS, Dr. Henderson was Abbott and James Lawrence Professor of Chemistry at the time of his death.

In announcing the two chairs at HMS, Dean Robert H. Ebert said, "Dr. Henderson, whose agile mind breached the gap between such seemingly disparate disciplines as physiological chemistry and sociology, continually stressed the need for young minds to be free of restraints that would tend to limit their development during the formative years. . . . This freedom is implicit in the support provided by the Becton-Dickinson gift."

At HMS, the two Lawrence J. Henderson Associate Professors of Health Sciences and Technology are Harvey Goldman, M.D. and David W. Hamilton, Ph.D.

Dr. Goldman, a pathologist at the Beth Israel Hospital, has been associate professor of pathology at HMS since 1971. He received his M.D. degree in 1957 from Temple University. Dr. Goldman is a member of the American Association of Pathologists and Bacteriologists, the International Academy of Pathologists, the American Association for the Advancement of Science, the American Gastroenterological Association, and the New York Academy of Sciences.

His activities with the Health Sciences and Technology Program include principal responsibility for the course in human pathology, membership of the Medical School's Admission Committee, the Curriculum Committee and its Basic Sciences Subcommittee, the Course Evaluation Committee, and the Promotion Board.

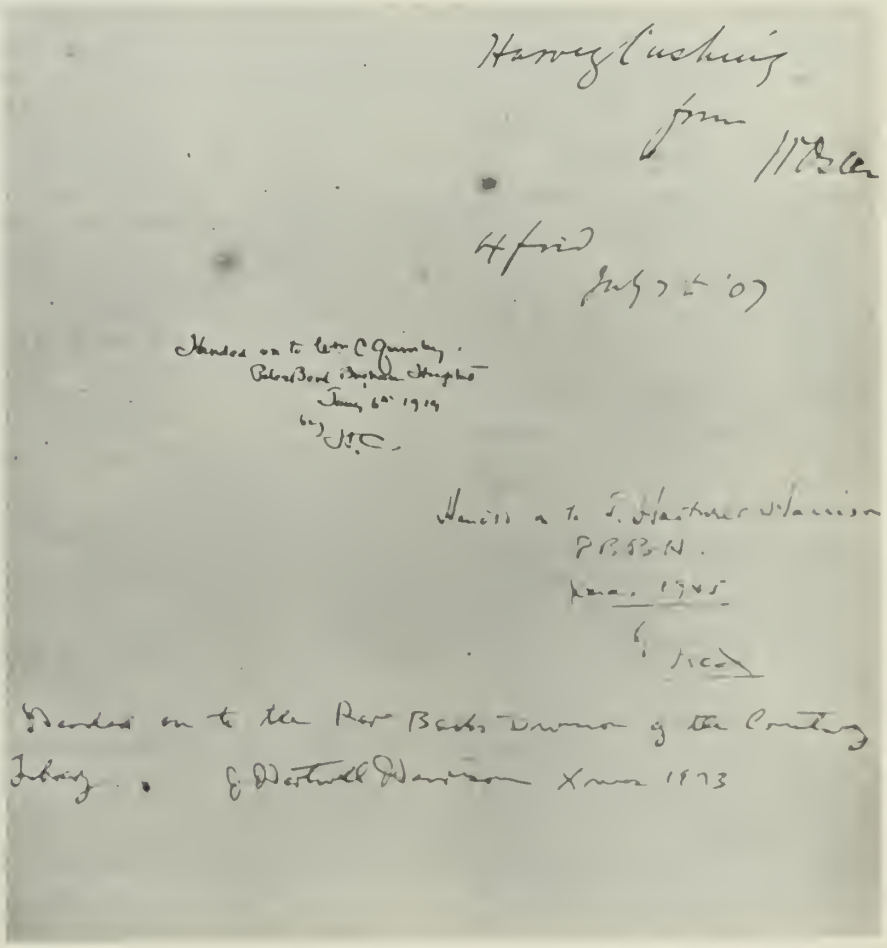
Dr. Hamilton, who received the Dr.Phil. degree from Cambridge University in 1963, became an instructor in anatomy at HMS in 1965 and associate professor in 1971. In 1970, he was in charge of topics in reproductive biology, a course at Cambridge University. With the Health Sciences and Technology Program, he is head of the course on the functional anatomy of man and is chairman of the M.D. Curriculum Committee and the Basic Medical Sciences Subcommittee.

Five Receive Emeritus Status

Five members of the faculty of medicine have been honored with emeritus-emerita status. Those honored, and their titles are:

Edward A. Edwards, M.D., clinical professor of anatomy, emeritus;
Kendall Emerson, Jr. '33, professor of medicine at the Peter Bent Brigham Hospital, emeritus;
Henry M. Fox, M.D., clinical professor of psychiatry, emeritus;
Harriet L. Hardy, M.D., clinical professor of occupational health in the department of preventive and social medicine, emerita; and
Wyland F. Leadbetter, M.D., clinical professor of medicine, emeritus.

J. Hartwell Harrison, M.D., Elliott Carr Cutler Professor of Surgery, has presented to the Countway Library a copy of Sir Astley Cooper's Observations on the Structure and Diseases of the Testes, London, 1830. Of particular interest is the provenance of this book. The flyleaf shows that Sir William Osler gave the book to Dr. Harvey Cushing on 7 July 1909. It was "Handed on to Dr. William C. Quinby" by Cushing on 6 January 1919. Dr. Quinby presented the book to Dr. Harrison at Christmas, 1945.



Energy Conservation Council Formed

An Energy Conservation Council for the Harvard Medical Area has been organized by Senior Associate Dean Henry C. Meadow. The members of the council are: Dean Meadow; Dr. Mortimer Litt, associate professor of microbiology and molecular genetics and assistant dean for teaching resources, HMS: Richard J. Olendzki, associate dean of the faculty of medicine for financial affairs, HMS; Frederick Jackson, superintendent of facilities in the department of buildings and grounds, HMS; Raymond White, safety engineer at the University Health Services; David Wilcox, superintendent of facilities in the department of buildings and grounds, HMS; William Claff, assistant dean for financial affairs in the faculty of public health, HSPH; and Charlotte Gilman, administrative assistant, administration, HSDM.

The Council was formed to develop and implement strategies, programs, and procedures to reduce the consumption of energy in light of possible fuel supply curtailment. It is coordinating its activities within the Harvard facilities with the overall area-wide program of the Co-operators' Energy Conservation Committee.

Medical Area Does Its Part

Alumni will be interested to learn that the Medical Area is doing its part to conserve energy. Substantial drops in the amount of steam used to heat buildings were recorded during the period between 15 December and 15 January according to Frederick Jackson. Although this period was somewhat warmer (by 11.4 percent) than the comparable 1972-73 period, the savings were computed with this in mind. Percentile drops in steam heat usage, by building or clusters of buildings were: Medical School educational buildings — 38.3; Laboratory of Human Reproduction and Reproductive Biology — 31.7; Countway Library of Medicine — 37.0.

Promotions

Professor

Peter E. Sifneos '46: psychiatry at Beth Israel Hospital
Richard Van Praagh: pathology at The Children's Hospital

Associate Professor

James E. Dalen: medicine at Peter Bent Brigham Hospital
Joseph T. Ferrucci: radiology at Massachusetts General Hospital
L. Howard Hartley: medicine
Donald B. Martin '54: medicine at MGH

Senior Research Associate

Olga Greengard: biological chemistry

Assistant Professor

Richard E. Belsey: medicine at MGH
James T. Dineen: medicine at MGH
Thomas H. Glick: neurology at Cambridge Hospital
Jerome H. Grossman: medicine at MGH
Charles B. Kahn: medicine at PBBH
Rudolph L. Leibel: pediatrics at CH
Robert C. Leinbach '61: medicine at MGH
Kenneth A. McKusick: radiology at MGH
Bucknam McPeek: anesthesia at MGH
Robert C. Moellering, Jr. '62: medicine at MGH
R. Peter Mogielnicki '66: medicine at CH
Robert M. Neer: medicine at MGH
Willy F. Piessens: medicine at PBBH
Ralph S. Ryback: psychiatry
John J. Savarese: anesthesia at MGH
Alan L. Schiller: pathology at MGH
Patricio Silva: medicine
Terry B. Strom: medicine
Panagiotis C. Voukydis: medicine at BIH
Arthur C. Waltman: radiology at MGH

Assistant Clinical Professor

Sidney Alexander '57: medicine
Frank A. Howard: medicine
David C. Lewis '61: medicine
Zigmunt W. Pozatek: oral surgery
Charles M. Trauring: prosthetic dentistry
M. Donna Younger: medicine

Principle Associate

Saul Aronow: radiology (physics)

Principal Research Associate

Loretta D'A Lee: dermatology

Appointments

Professor

John A. Kirkpatrick: radiology

Assistant Professor

James E. House: prosthetic dentistry at West Roxbury Veterans Administration Hospital

"Alumni Power"

Alumni of Harvard University are in a unique position among the graduates of American universities to influence their alma mater. They have the right, not shared by faculty and students, to elect the Board of Overseers, the top governing body of the university. They have the numerical strength to make sure that their advice and opinions are heeded in the decision-making process. Yet, except for brief periods of intense controversy or campus unrest, they have remained essentially silent and unorganized. Fortunately, this situation is changing.

The faculty has traditionally held the dominant position in shaping the educational policies of Harvard Medical School. Since 1968 the students have pressed successfully for greater participation in affairs involving their interests, and the local community has similarly gained consideration for their views as consumers and neighbors. Now, the Medical Alumni, too, are gradually beginning to assume an enlarged role in activities where their experience and insight can be most helpful.

The first report of the Alumni Survey Committee, which was formed during the last year, is presented in this issue of the *Bulletin*. Its thoughtful review of admissions is, we may hope, only the first of several examinations of various facets of the School's policy and operations.

Encouraging progress is being made, as well, in organizing regional groups of Alumni. Teams of Alumni formed for the purpose of identifying and interviewing prospective applicants are at work in many areas of the country. They perform a real service and offer an important means of increasing Alumni influence on the selection process. More such groups, established wherever concentrations of Alumni are significant, can be an effective resource for the School.

More Alumni clubs are also being organized at the local level with the objective of promoting sociability among Alumni, providing a point of contact for new graduates taking up careers in the area, and developing a friendly and helpful relationship with students currently enrolled in the Medical School. Any group wishing to set up a formal club where none now exists is urged to get in touch with the Director of Alumni Relations.

The administration is eager to hear from Alumni and is prepared to make it as easy as possible to make their voices heard. Letters to the *Bulletin* are always welcome. In addition, those who have questions about matters of policy or practice may now submit them to a new column in the *Bulletin*, "Ask the Dean," for reply by Dr. Ebert in a subsequent issue. The editors hope that this regular column will be a useful method of communication with the Dean, supplementing the personal visits he is able to schedule with Alumni clubs and regional groups from time to time.

None of these new approaches diminishes in any way, of course, the essential importance of the Alumni's financial support of the School. The power of the purse represents strength indeed. Whether this appears in the form of increased personal contributions by Alumni, or as gifts Alumni can elicit from others — patients, friends, foundations — generous and continuing financial assistance is indispensable to assuring the lasting vigor of the institution and the preservation of its character.

Ideas, comments, suggestions, and best of all, active participation in the affairs of the School, are solicited. One thing every Alumnus can and should do is to vote for his/her choices for Alumni representatives. The Alumni Council, which is elected by all of the Medical School Alumni, continues to function as the executive body, responsible for planning and activating all of the projects and programs involving the Alumni. With the adoption of a new constitution in June, 1973, the officers of the Alumni Association, as well as the Councillors, will be elected by ballot. Therefore, it is up to each alumnus/a to promote "Alumni power" by returning your ballot, properly marked and signed, to the Alumni Association.

ALUMNI/AE MONEY IS POWER
ALUMNI/AE VOTES ARE POWER
ALL POWER TO THE
H.M.S. ALUMNI/AE!

Report from the Alumni Council

In addition to a number of housekeeping duties such as review of the budgets for the Alumni Association and the Alumni Bulletin, there were reports from the nominating committees for officers and councillors. The Chairman of the Alumni Fund reported on progress with his organizational activities and fund-raising and the Director of the Alumni Association commented on a number of ongoing items such as reunion plans, regional alumni meetings, and student financial aid.

More substantive issues considered by the Alumni Council were as follows:

The role of the Treasurer of the Alumni Association was discussed. Inasmuch as the budget of the Alumni Association is part of the Dean's budget and all of the bills of the Association are paid through the Business Office of the Medical School, the Treasurer's duties are not those usually assumed by such officers. As currently viewed, the Treasurer of the Alumni Association will act more as a Comptroller to exercise quality control and financial control over Alumni Day and other alumni activities. He will also help prepare the annual budget for the Alumni Association.

The second item was a report of the Editor of the *Alumni Bulletin* who stated that articles submitted by alumni had decreased in number. He was unable to explain this and hoped that alumni might be stimulated to submit articles for publication in the *Bulletin*. He also commented that a group of regional reporters were being organized to promote a greater inflow of class notes and to encourage alumni to write for the *Bulletin*. After considerable discussion of the make-up of the Editorial Board and appointments thereto, the Alumni Council concluded that appointments to the Editorial Board were the prerogative of

the Editor and that the Editor also had the traditional editorial privilege of the make-up of the *Bulletin*.

The Council spent an afternoon with Mr. William F. Hoeft, Director of Alumni Programs, Harvard School of Business Administration, Mr. Wilson H. Pile, Secretary for Alumni Affairs, Harvard Law School, and Mr. Howard Gillette, Assistant to the Vice President for Alumni Affairs and Development, Harvard University. The purpose of this meeting was a comparative discussion of how different alumni organizations of the University function. The Business School and the Law School have each worked out a format for reunions and regional meetings which serve both the social and professional purposes peculiar to them. The Law School meetings assume the aspect of a brief continuing education program as well as of sociability. The Business School gatherings are both a source of continuing education and a source of contact in the employment of new graduates. In areas of the country where there are large concentrations of graduates from each of the professional schools, it was agreed that individual Business, Law, and Medical School clubs were desirable and all three groups could join together occasionally when there was a major Harvard Club (University-wide) meeting in the area. Mr. Gillette emphasized that in those cities and communities where the critical mass of any one of the alumni groups is such that it is impossible to organize a Harvard Medical School Club, it would be desirable for all groups to become active in the local Harvard Club in order to have a focal point for communication and for meetings.

Finally, as reported elsewhere in the *Bulletin,* the Council had a stimulating half-day reviewing the Alumni Survey Committee report.

Alumni Aid in Admissions Process

Fifty-six alumni conducted 236 interviews of Harvard Medical School applicants during the admissions season of 1973-74 for the Medical School class entering in the fall of 1974. Alumni in Ann Arbor, Denver, and Los Angeles gathered as a group to interview the applicants from their area during a single day and then met as a regional admissions committee to rank the applicants seen by them. These recommendations were then passed on to the appropriate subcommittee of the Harvard Medical School Admissions Committee for final action. The results of the selection process have not yet been completely finalized. In general, some of the top applicants from each of the regional interviewing groups have been accepted. The alumni who interviewed in these three centers are listed below:

Ann Arbor, Michigan

Thomas J. DeKornfeld '53
Duane T. Freier '62
Armin E. Good '47
Larry S. Matthews '63
John M. Weller '43B

Denver, Colorado

Robert W. Beart, Jr. '71
Robert K. Brown '37
Thomas H. Coleman '44
Kenneth McIntosh '62
Hugh A. MacMillan, Jr. '40
John W. Singleton '57
Roy C. A. Weatherly-White '58

Los Angeles, California

Robert W. Albright '43A
Donald F. Brayton '39
John S. Chambers '42
James S. Clarke '42
George Eisenman '53
Robert W. Gentry '42
Yeu T. N. Lee '61
Loren G. MacKinney '45
Walter R. MacLaren '38
James E. McKittrick '53
Richard N. Moersch '52
Frank L. Plachte '43B
Paul A. Riemenschneider '44
C. Elmer Rigby '42
Claire M. Stiles '56
Quentin R. Stiles '55
Donald M. Yamaguchi '57

In addition, individual alumni interviewed applicants elsewhere in the country without having the advantage of coming together to compare applicants. Their interview reports were forwarded to the subcommittees in Boston for final evaluation of these applicants along with all of the others to be considered by those subcommittees. The following alumni who contributed to this activity are listed below:

George H. Acheson '37
Cincinnati, Ohio
John E. Adams '39
San Francisco, California
Thomas McD. Anderson, Jr. '70
Chicago, Illinois
William D. Angle '48
Omaha, Nebraska
Walter L. Barker '53
Chicago, Illinois
J. Claude Bennett '58
Birmingham, Alabama
Buris R. Boshell '53
Birmingham, Alabama
Tague C. Chisholm '40
Minneapolis, Minnesota
Ernest Craige '43A
Chapel Hill, North Carolina
William Daughaday '43B
St. Louis, Missouri
Richard D. Eckhardt '43B
Iowa City, Iowa
Frederick C. Goetz '46
Minneapolis, Minnesota
Abner Golden '42
Washington, D.C.
David McL. Greeley '37
Evanston, Illinois
Ernest MacF. Hammes, Jr. '41
St. Paul, Minnesota
Charles A. Hufnagel '41
Washington, D.C.
Colin C. McCorriston '39
Honolulu, Hawaii
John T. Mendenhall '39
Madison, Wisconsin
Oglesby Paul '42
Chicago, Illinois
Dean K. Rizer '38
Minneapolis, Minnesota
Frederick C. Robbins, '40
Cleveland, Ohio
John J. Ross '56
Gainesville, Florida
Jack P. Shillingford '43B
London, England
Isaac M. Taylor '45
Chapel Hill, North Carolina
W. Jape Taylor '47
Gainesville, Florida
Malcolm S. M. Watts '41
San Francisco, California
Samuel L. Yee '34
Honolulu, Hawaii

The Harvard Medical School and the Admissions Committee are most grateful to the alumni who are assisting the admissions process by conducting regional interviews. This contribution by the alumni has had a significant effect in relieving the workload of the Admissions Committee. Regional interviews also reduce the expense for individual medical school applicants who are already financially pressed with multiple medical school applications.

With better organization of regional alumni interviewing groups, more applicants to the Harvard Medical School can be interviewed by the alumni which will serve both the purpose of public relations between the applicant and the medical school and will increase the input of the alumni in the selection of Harvard Medical School students. Any alumnus/a who would like to volunteer as an interviewer would be most welcome and should let his or her wishes be known to the Alumni Office.

Regional Meetings Unite Alumni

24 October 1973
Denver, Colorado

University Club; arranged by John W. Singleton '57; guests were Carl W. Walter '32 and Perry J. Culver '41.

4 December 1973
San Francisco, California

Bohemian Club; arranged by James H. Thompson '40; guest speaker was Daniel H. Funkenstein, associate professor of psychiatry and consultant to the dean on studies in medical education; also present was Perry J. Culver '41.

5 December 1973
Los Angeles, California

Bel Air Hotel; arranged by Robert W. Gentry '46; guest speaker was Daniel H. Funkenstein; also present was Perry J. Culver '41.

18 January 1974
Atlanta, Georgia

Brennan's; arranged by Arnold Neistadt '60, president of the Harvard Club of Atlanta; guest speaker was Dean Robert H. Ebert; guests were Gerald S. Foster '51 and Perry J. Culver '41.

2 February 1974
Chicago, Illinois

University Club; arranged by John S. Graettinger '45; guest speaker was Frederick C. Lane, dean of students, HMS; also present was Perry J. Culver '41.

2 March 1974
Miami, Florida

Dupont Plaza Hotel; arranged by M. Eugene Flipse '43B; guest speaker was Frederick C. Lane; also present was Perry J. Culver '41.

4 March 1974
San Francisco, California

Bohemian Club; arranged by James H. Thompson '40; guest speaker was Kurt J. Isselbacher '50, Mallinckrodt Professor of Medicine; also present was Perry J. Culver '41.

7 March 1974
Boston, Massachusetts

The Harvard Club; the Alumni Association hosted a dinner in honor of the Class of 1974 and their internship advisors; guest speaker was Claude E. Welch '32, president of the Harvard Medical Alumni Association.

Calendar of Future Alumni Activities

1974

April 27	Harvard Comes to the Rockies — Denver Denver Hilton at 10 a.m.
May 2	President Bok in Detroit Raleigh House, Southfield, Michigan Cocktails — 6 p.m. and Dinner — 7 p.m.
May 3	President Bok in Milwaukee Milwaukee Athletic Club Luncheon — 12:00 noon
May 9	Harvard Medical Society of New York Harvard Club of New York at 6:30 p.m.
May 27, 28	Alumni Survey Committee Meeting Boston, Massachusetts — Harvard Medical School
May 29	Alumni Council Meeting Boston, Massachusetts — Harvard Medical School
May 30	Scientific Symposium for Alumni Boston, Massachusetts — Harvard Medical School 9 a.m. — 5 p.m. Luncheon — 12 noon — 1:30 p.m.
May 31	Alumni Day Boston, Massachusetts — Harvard Medical School 9:30 a.m. — 1:00 p.m. Luncheon — 1:00 p.m.

Alumni Survey Committee Report

In response to a question at a meeting of Class Agents, Dean Robert H. Ebert suggested that the alumni of Harvard Medical School could have increasing influence in the affairs of the School through the mechanism of an alumni visiting committee. Folowing this suggestion, the Council of the Harvard Medical Alumni Association studied the ways in which such a body might be constituted. The final result was the formation of the Alumni Survey Committee composed of nine alumni appointed for staggered terms of three years each. During the initial formation of the committee, three members will serve for three years, three for four years, and three for five years. In appointing the alumni, due consideration was given diversity of age and geographical residence. In addition there was to be a happy balance between alumni in academic medicine and those in private practice.

At the meeting of the Alumni Council on 31 May 1973, the following were appointed to the Alumni Survey Committee and their terms of service were chosen by lots, as follows:

Three Year Terms:

James R. MacArthur, '56
Health Sciences Learning Center
University of Washington
Seattle, Washington 98195

Philip F. Partington '35
2949 Broxton Road
Cleveland, Ohio 44120

Marshall deG. Ruffin '36
5116 Rockwood Parkway
Washington, D.C. 20016

Four Year Terms:

Joseph W. Burnett '58
4325 Wickford Road
Baltimore, Maryland 21210

William D. Cochran '52
233 Ash Street
Weston, Massachusetts 02193

Donald E. McLean '43A
19 Grove Street
Winchester, Massachusetts 01890

Five Year Terms:

Granville C. Coggs '53
847 Pine Lane
San Rafael, California 94903

Ruth C. Haynes '52
4857 Green Acres Drive
Columbus, Ohio 43221

Scott H. Nelson '66
3125 North 8th Street
Arlington, Virginia 22201

At its initial meeting the committee elected William D. Cochran '52 as chairman.

This committee will meet twice a year at the Harvard Medical School for a period of two to three days to study, in depth, various activities of the School. A report, including both findings and recommendations, is to be prepared by the committee for presentation to the Alumni Council. Following review and discussion of the recommendations, the report will be transmitted to the Dean and to the Administrative Board of the faculty for consideration and action.

Areas for study may be recommended by the Dean, the Administrative Board, the Alumni Council, the students, or by the Survey Committee itself. The final decision for the agenda at each meeting will reside within the Committee.

The Alumni Survey Committee met at the Harvard Medical School on December 13-15, 1973. Joseph W. Burnett '58 and Granville C. Coggs '53 were unable to attend. The report of the Alumni Survey Committee to the Alumni Council follows.

Introduction

The Alumni Survey Committee spent two days at Harvard Medical School in mid-December during which time they interviewed nine of the 16 members of the Admissions Committee as well as Dean Ebert and others. Time and previous appointments unfortunately did not permit our meeting with Dr. Leon Eisenberg, Chairman of the Admissions Committee nor Stephen J. Miller, Associate Dean for Admissions.

Brief History and Current Status of the Admissions Committee

Only recently has the Admissions Committee felt compelled to utilize subcommittees to help distribute the huge applicant load. Before 1968 there was only a general admissions committee. This general committee, with dedicated members, was able to carry out all the necessary interviewing and selecting activities. In the last four to five years, with the evolution of the subcommittee concept, these subcommittees were first given rating power only, then later given some admission power, but now in the past two years they have had almost total admission power for their particular allocation of admissions places.

The present system by which the Admissions Committee operates is to utilize six subcommittees, with subcommittee membership varying in size between nine and 19 members. Subcommittee #1 deals with the Health Sciences and Technology Program associated with MIT and Subcommittee #6 deals with minority candidates. Subcommittees #2-5 are assigned specific colleges from different geographic sectors of the country. For the present year HMS applicants from Harvard houses have been alloted to 3 of these subcommittees so that members might have a feeling for a Harvard college applicant for comparative reasons. Each subcommittee is given a fairly rigid number of places to be filled.

The main committee maintains a small percent of openings they can use for "balancing" (making special allowance for alumni offspring, correcting possible geographic maldistribution, etc.)

The main Admission Committee members are not all appointed by the Dean, but all are approved by him. Potential members, in some instances, are recommended by other committee members, a faculty member, or in some instances, by one's own insistence! Subcommittee membership, at the moment, is left to the discretion of that subcommittee's chairman with yearly reappointment if the chairman so desires. Each subcommittee chairman is a member of the Admissions Committee as are two to three of each of the other subcommittee members. Each subcommittee chairman tries in general to balance his or her committee by such factors as age spread, academic, clinical, full-time and part-time faculty members as well as "training status" members. There are altogether 17 main committee members and some 62 subcommittee members. The Admissions Committee office has been well run for some years by Mrs. Tania Friedman as the executive secretary, certainly as industrious and dedicated as any of the committee members.

Present responsibilities of the main Admissions Committee include the setting of policy, deciding each year the number of candidates each subcommittee may admit, parceling out to each subcommittee those applications that fall under its aegis (and recently "the policy" has changed almost yearly!), reviewing and possibly reevaluating those rejected, and, as stated above, maintaining a few openings for what it considers proper balance of the entire class. The Committee certainly operates under no set rules or written guidelines. Since the onset of recent social pressures and the recent staggering increase in the numbers of applicants, only the broadest of even unwritten policy guidelines stand up from one year to the next.

The present mechanics of the admissions procedure are as follows: When a completed application arrives, it is parceled out to the appropriate subcommittee responsible for that geographic area, or minority or special interest. Depending somewhat on the subcommittee chairman's policy, it is then reviewed either by the subcommittee chairman or by a member of the subcommittee. If the applicant does not meet certain minimum standards, based most commonly on the grade point average (GPA) and Medical College Admission Test (MCAT), he is then rejected. Apparently most, but not all, subcommittees have a second member review those who have been rejected. If there is a discrepancy between two reviews, a third opinion is sought. The main admissions committee reviews those rejected very briefly, and usually as a list, partly to consider further the alumni (ae) offspring, etc. on the rejection list. In sum, if one or at most two subcommittee members reject an applicant, that applicant rarely receives further consideration.

If preliminary screening by the subcommittee member suggests that the applicant is viable, then at least two interviews are arranged for the candidate, after which his case is discussed before the full subcommittee. Acceptance follows if the subcommittee casts at least a ⅔ vote of approval. (The 2 interviewers obviously will have submitted favorable reports). If only one interviewer submits a favorable report, a third interview is arranged. Some 25 to 50 percent of all applicants attain the interview level.

If neither interview is favorable, in most instances, the subcommittee chairman, after an unfavorable vote by the subcommittee, recommends rejection of this applicant to the main admissions committee. Although in the recent past the main admissions committee had some real decision making role both for acceptance and rejection, more recently they have, in general, rubber stamped the decisions of the subcommittees except for their balancing power mentioned above. However, the main admissions committee, by mere power of numbers, can not turn a recommendation of a subcommittee around without that subcommittee's ok.

This report would not be complete were it not to spell out in detail one of the challenges to the admissions committee. It is obvious that the members must be sensitive to the trends and pressures that are being put on them, trends which are changing yearly at the moment. For instance, in 1961 there were 7,000 places for first year medical students across the country and some 9,000 applicants. In 1973 there were 14,000 such places and 45-50,000 applicants. In 1968, 600 women were admitted to medical school across the country; in 1972 there were 3,000. In 1973, of the 45-50,000 applicants,

14,000 held Ph.D.'s or were graduate students. At HMS there were 1,400 applicants in 1968; in 1973 the number was just above 3,000. Pressures come variously from the increasing population, the fact that other science careers are now oversubscribed, minority groups are recognizing their acceptability and finally more and more women are interested in medical careers.

Strengths of the Admissions Committee

The present and past admissions committee and subcommittee members deserve praise for their devotion, purpose and intense interest in their work, all mirrored by the many hours (as much as 500 in some instances) put in by each member each year.

We were most impressed by the fairness, consideration, and dedication with which all approach their task of selecting students. Under the present modus operandi we could ask no more for any of our children who might apply here than to have them be given the fair and in-depth consideration shown by the members of the committees we interviewed. Incidently, we were also impressed by the candor and openness with which we were received and by the interest and suggestions the members had for further improvements of their own committees.

We concluded that the subcommittee process, as it has now evolved, appears to be an excellent solution for spreading out the markedly increased work load as well as for defusing the past charge that a small group of the faculty previously had such important control.

Weaknesses of the Admissions Committee

1. There is now both a Chairman of the Admissions Committee and an Associate Dean for Admissions; both are extremely busy with their primary interests elsewhere.

2. There are no written guidelines or rules set down for committee or subcommittee use as to criteria for selection, interviewing policy or procedure, standardization of their activity, etc.

3. Subcommittee chairmen may appoint members to their subcommittees without approval either by the Dean or the general committee. Thus often one subcommittee, working under unwritten guidelines, develops certain biases while another subcommittee may develop others. Some subcommittee chairmen put in as much as 500 hours each year on committee activities, while others spend far less time.

4. Of the 71 committee and subcommittee members, only 20 represent the primary care sector of medicine (internal medicine, pediatrics, OB-GYN, or family practice).

Recommendations

1. The Associate Dean for Admissions should be Chairman of the Admissions Committee and this should be a full-time occupation. The Dean of Admissions should spend some of his time in data collection and thus develop data concerning follow-up of those students admitted, as well as some data on those rejected. This information would be invaluable to the Admission Committee in the coming years.

2. The Dean of the Medical School should *appoint* the committee members and *confirm* those who are subcommittee appointees. He should also have some reappointment mechanism if such is not already available.

3. Subcommittees should be more standardized as to size and constituency but should include as a minimum, a basic scientist, an academic clinical faculty member, one woman, one minority member, one student, and last but not least, an alumnus (a) who is not a member of the faculty. This alumnus (a) should preferably be in primary care and at a relatively convenient distance from the Medical School. One person might fulfill more than one of these qualifications. If subcommittee members are overburdened, then perhaps there should be more than the present 6 subcommittees.

4. The Admissions Committee should develop firm written guidelines for itself and all subcommittees and these should be consistent with the statement appearing in the admissions folder that "Harvard is dedicated not only to advancement of scientific knowledge but also to the improvement of health care delivery, *emphasizing medical concern for the individual patient, the family, and the community.*" (italics by our committee). Guidelines should be developed with the active involvement of subcommittee members. Clearer criteria should be developed for alumni offspring, the role HMS must play concerning Massachusetts medical applicants, etc.

5. Consideration should be given to procedures that would make the work load easier. Suggestions from the Alumni Survey Committee are as follows:

a. There should be a pre-screening of all applications for one year (possibly done by the executive secretary) to determine if this procedure might cut down the work load of the subcommittees. The job of those doing the pre-screening would be to identify those who were likely to be rejected. This pre-screening should be done by someone knowledgeable about HMS and they should be carefully supervised by the Dean for Admissions. Though done initially on a trial basis only, every effort should be made to incorporate this system in the permanent mechanics of the admissions procedure. Perhaps a pre-screening system could be developed utilizing a more simplified and streamlined form, thus eliminating the need for all applicants to fill out the long and complicated form now in use.

b. Rejections, if they could be picked out early, would enable such students to concentrate their efforts elsewhere at an earlier time.

c. There should be training in interview techniques for all new committee and subcommittee members to improve their ability to determine the strengths and identify the weaknesses of candidates. There should be certain basic questions for the interview which are routinely asked (and some that should never be asked!). These would serve as a consistent base of information for the rest of the subcommittee members.

d. A trial of applicant interview-by-group of subcommittee members for one applicant might be more practical than the present system of having one member at a time interview applicants. Though some committee members expressed a concern that such a group might seem like the Spanish Inquisition,

such a system has apparently been carried out successfully in other medical schools.

6. An "intermittent newsletter" should be developed by the main committee to communicate changes in policies and procedures to all subcommittee members.

7. All colleges who had applicants to HMS in the past 5 years or who express interest should receive each year or so an update of the policies and admissions procedures of HMS.

The Alumni Survey Committee

Joseph W. Burnett '58
William D. Cochran '52, Chairman
Granville C. Coggs '53
Ruth C. Haynes '52
James R. McArthur '56
Donald McLean '43
Scott Nelson '66
Philip F. Partington '35
Marshall deG. Ruffin '36

At the meeting of the Council of the Harvard Medical Alumni Association on 12 January 1974, the Survey Committee report was presented by Donald McLean '43A and was discussed in great detail by the Council, with Dean Robert Ebert, Senior Associate Dean Henry C. Meadow, and Dean of Students Fred Lane also participating. Dr. McLean presented a letter from James R. McArthur '56 recommending that applicants to the Harvard Medical School be assigned to the subcommittees of the Admissions Committee in a random manner. The Council hopes that the Admissions Committee will consider this recommendation in its evaluation of its present method of assignment of applicants and will present the results of this evaluation and any consequent recommendations to the Alumni Council.

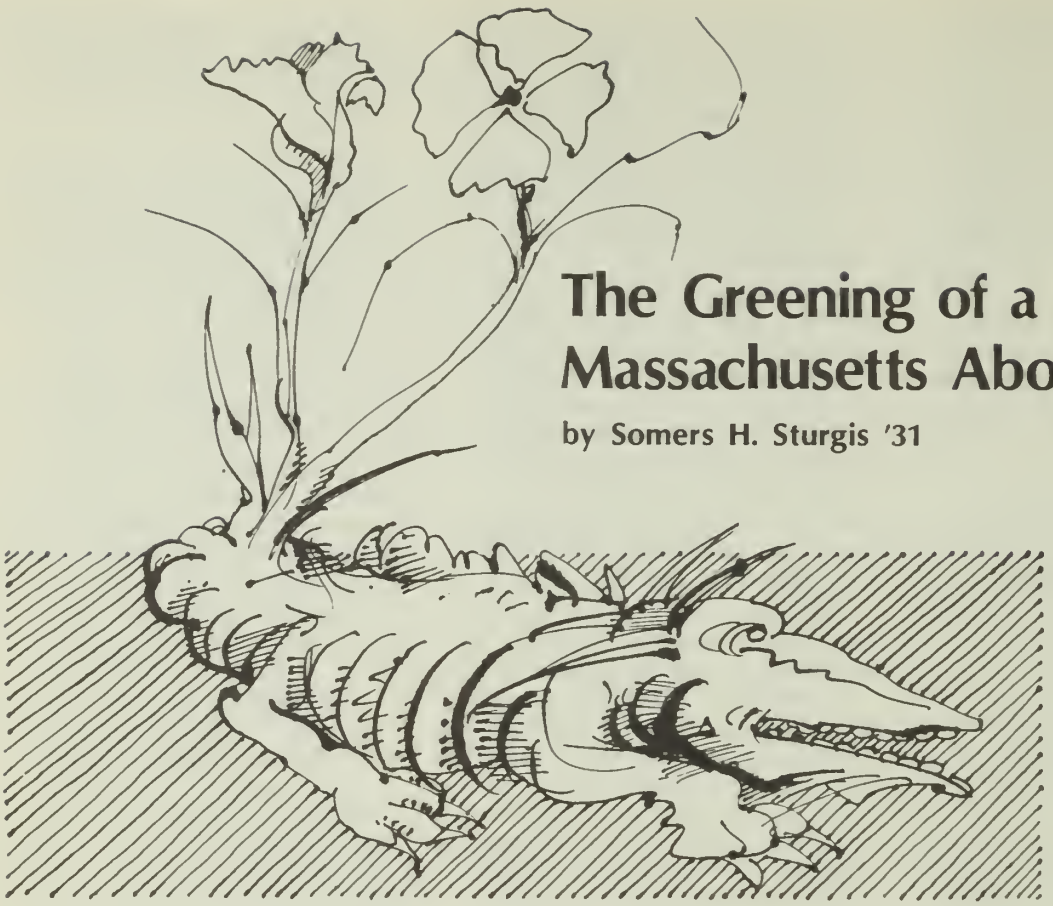
During the discussion of the report, attention was paid to a number of specific topics, such as a uniform application form, a national matching plan, the importance of the interview in the selection process, the possible role of interviewers external to the Admissions Committee, and the importance of identifying biosocial as well as bioscientific strengths in the candidates.

The Council then voted to accept the report with certain qualifications and comments. All of the recommendations were accepted except the first, namely that the position of Dean for Admissions and Chairman of the Admissions Committee, residing in one person, should be a full-time job. Some concern was expressed that a person appointed to this position should continue to maintain some clinical activities for the purpose of continued awareness in the clinical area.
Moreover, since the appointment of a Dean for Admissions would be for a limited period of time, the person appointed to such a position should have ready access to return to clinical and teaching activities upon completion of his Admissions Committee tenure.

The suggestions for lightening the work load of the Admissions Committee needed additional study and trial before finalization.

The Alumni Council expressed the consensus that alumni should be increasingly involved in a formally structured regional interviewing system such as now exists in Ann Arbor, Michigan and Los Angeles, California. To insure that alumni interviewers observe some consistent patterns and criteria, they should be indoctrinated by written guidelines and by leadership from a member of the Harvard Medical School Admissions Committee at the time applicants are interviewed and evaluated. The Council is of the opinion that such alumni participation in the admissions procedure of the Harvard Medical School should improve the effectiveness of that procedure, should reduce the cost of travel for applicants, and should promote increasing alumni interest in the Harvard Medical School.

The Council voted a unanimous expression of gratitude to the Alumni Survey Committee for its enthusiastic and dedicated approach to the study of the admissions practices at the Harvard Medical School. It concurred in a consensus of support for the report's appreciation of the Admissions Committee and its subcommittees. Finally, it was voted to transmit the report together with comments of the Alumni Council to the Dean with the expectation that he will submit it to the appropriate administrative groups of HMS.



The Greening of a Massachusetts Abortion Clinic

by Somers H. Sturgis '31

In April, 1973 the first legal abortions were performed in a duly licensed free standing clinic in Massachusetts at a joint facility set up by the Pregnancy Counseling Service (PCS) and the Florence Crittenton-Hastings House in Brighton, Massachusetts. This is the story of this PCS-Crittenton clinic, and the political and financial difficulties encountered in the three-year effort to bring this about.

Eight years ago, in May 1966, the Commonwealth of Massachusetts had reluctantly taken a first step to free itself from the shackles of the ancient so-called "Comstock" laws. Under Section 19, 20, and 21 of the General laws of the state,[1] it had been a criminal offense for physicians to prescribe any measure for prevention of pregnancy, or to take any steps that might result in abortion. The Planned Parenthood League of Massachusetts (PPLM) had waged a fruitless battle for 30 years to modify or repeal these antique restrictions, but was prevented from any direct lobbying because of its tax-exempt and charitable status. Year after year, however, (after the defeat of two Initiative Petitions for a referendum) a legislator could be found to present to the Joint Committee on Public Health some modification of these statutes, and year after year this august band of representatives refused to report such attempts out of committee. For years Massachusetts and Connecticut were the only two states in the Union to continue to stand on the absolute prohibitions of Section 19, 20, and 21.

Then in 1966, with a few new and courageous men on the Public Health Committee, a modification of Section 20 was recommended and finally approved. It allowed registered physicians to prescribe contraceptives, and registered pharmacists to dispense such materials, but to married women only. This, it was reasoned, would give no sanction to promiscuity for the divorced, the separated, or the unmarried. The Sections on Crimes against Chastity, Morality, Decency and Good Order otherwise remained intact. A marriage license was required, legally, even to obtain a diaphragm. This was a time when social awareness of the population problem, ethical considerations of abortion, and the development of effective contraception all became areas of widespread public concern. Connecticut had succeeded (1965) in the Griswold ruling, to remove the statute making it a crime for a husband or wife, or anyone else, to use a contraceptive.

In Boston, a courageous band of some 50 local clergy, led by the Reverend Clyde Dodder, formed the Clergyman's Counselling Service (CCS), to meet the desperate need of many women with wise counseling. Charging no fee whatsoever, they referred women to the least objectionable of local criminal abortionists, which frequently was the only resource available. Although knowledge of this CCS activity was certainly available to the authorities, apparently the cloth protected the group from prosecution as an accessory to illegal procedures.

A number of organizations besides CCS and PPLM had been aroused by the injustice of Massachusetts abortion statutes. These included the Massachusetts Organization for Repeal of Abortion Laws (MORAL), Medical Committee for Human Rights (MCHR), the Civil Liberties Union, Student Health Organization (SHO), and others.

Late in 1968, and early in 1969, I was invited to attend two or three informal meetings of representatives of these groups at the Cambridge home of Mrs. Gibney of the local Abortion Repeal Committee. No definitive steps were taken, and when Mrs. Gibney left town, efforts to continue to meet that summer collapsed. In the meantime, legal counsel had advised PPLM (I was President at this time) that no case against us under Section 20, on abortion, would stand up in court if we gave out only oral, not written, information concerning facilities where certain surgical procedures were perfectly legally performed. This had led from unreliable Puerto Rican and Mexican addresses, to flying across the Pacific to Tokyo, or the Atlantic to responsible physicians in London. Only those with at least moderate financial resources could hope for such satisfactory medical care in those days; the poor, the underprivileged, had no alternative to the criminal abortionist.

In the summer and fall of 1969, our small PPLM staff — mostly volunteers — became increasingly swamped by telephone calls for counseling and guidance on abortion. Although termination of pregnancy was certainly one aspect of family planning, the primary mandate for PPLM was then, and continues to be, the prevention of unwanted pregnancy, information and education on contraception, child spacing, sterilization, and so on. Indeed, with 20 to 30 calls per day for counseling and advice on abortion, there was simply no time for the staff to give to more basic interests of PPLM. Something had to be done.

On 28 November 1969, because of this disproportionate load of abortion counseling requests, I made another attempt to bring together members from the above pro-abortion groups at our house in Cambridge for an organization meeting. A name, The Pregnancy Counseling Service (PCS) was adopted, and the cost of incorporation was guaranteed to Attorney George Pierce, the only lawyer among us, with instruction to proceed forthwith. Dr. Theodore Steinman accepted the role of temporary chairman.

At the first official meeting of this new organization on 19 January 1970, Mr. Pierce guided us through legal requirements, established a Board of Directors, and elected Dr. Steinman president. Committees had been informally appointed in December. The House Committee held an option to lease office space at 3 Joy Street, a building owned by the Massachusetts Crime Commission, next to the State House. This was favorably accepted. The Committee on Priorities and Planning presented three recommendations, the first of which was that PCS should establish a new medical facility for the treatment of unwanted pregnancy. Second, PCS should encourage local hospitals for perform "more realistic numbers" of therapeutic abortions. The third recommendation was to continue counseling, mostly using volunteers under trained full-time supervision. A minimal annual budget of $67,000 was presented, to include office maintenance, and salaries of an executive director, counseling coordinator, and secretary. The only funding for this ambitious program was a grant of $5,000 authorized on my recommendation by the PPLM Board of Directors.

As a background for the first priority, establishing a medical facility, it should be noted that the teaching hospitals in Boston were performing a modest number of "therapeutic" abortions in 1969, a total of about 200, meticulously following the wording of prior rulings of the Massachusetts Supreme Judicial Court. These stated that termination of pregnancy was legal if, in good faith, the physician believed the pregnancy carried a serious threat to the preservation of his patient's physical or mental health, and if his opinion was supported by other doctors in the community in which he practiced.[2] In practical terms, it meant that where the "mental health" was seriously threatened, specialists, generally two psychiatrists on the hospital staff, had to certify to the presence of an acceptable diagnosis of psychiatric illness that made continuation of the pregnancy more hazardous to the patient's health than an early abortion. The PCS Board voted to be guided by these cumbersome limitations.

By March 1970, in our first three weeks at the Joy Street office, 200 patients had been counseled by 25 volunteers, many of whom were trained by PPLM. A few of these patients decided to continue their pregnancy, and were referred to the Crittenton-Hastings House in Brighton, a "Home for Unwed Mothers." Mr. Pierce reported the Articles of Incorporation had been accepted by state authorities, and he was working on a tax-exempt status, so necessary for charitable foundation support.

In April, the Facility Committee, headed by Dr. Archie A. Abrams, located and obtained an option to buy the Corey Nursing Home in Allston, and enlisted the services of an experienced hospital architect to evaluate its possibilities for our use. The price was $330,000, but considerable construction would be necessary. Since this would require a variance from the Zoning Board, involving a public hearing in a community well-known for its anti-abortion stand, and since a new license, again to be cleared through public hearings, would be necessary, the Facility Committee continued its search elsewhere.
By July. Dr. Abram's Committee explored the possibility of leasing a floor of the Medicenter Building, which is connected by a bridge to the University Hospital of Boston University Medical School. This facility, built and owned by the Holiday Inn Chain, had been unable to fill its quota of convalescent surgical patients, preoperative patients, and those that involved long-term or terminal care. The structural changes needed to activate two operating rooms would not exceed $100,000. The great advantage would be the back-up support of the University Hospital staff across the bridge where Dr. David Charles, chief of gynecology at BUMS, was totally in favor of such activity. No new license would be required. Many conferences were held with the Medicenter Trustees that summer. Our tax-exempt status had been approved, and the Scaife Foundation indicated their probable financial support. At long last, however, the Medicenter Board voted against our proposition, even though the deans of the three medical schools, plus the Commissioners of Health and of Mental Health had supported our effort. A new search was necessary.

The month of July 1970, was remarkable for two outstanding advances in achieving liberation from ancient restrictions. Judge Bailey Aldrich of the First Circuit Court of Appeals overthrew the ruling of the Massachusetts Supreme Court that had convicted crusader William Baird for violating the statutes on birth control. In ringing words he declared, in effect, that all of Section 20

was unconstitutional.[3] And then on July 1, New York's liberalized abortion law took effect. This was made a service required of city hospitals with certain reasonable restrictions concerning duration of pregnancy, the inspection of facilities, and so forth. The proximity of the New York abortion clinic marked the end of a long trail for women seeking the resolution of an unwanted pregnancy in Massachusetts. Numerous, mostly well-equipped clinics with well trained staff were vying with each other for both in-state and out-of-state patients. The wide use of local anesthesia was soon established for clients from outside New York City to arrive by bus or shuttle plane in the morning, be met by limousine and taken directly to the clinic, have a reasonably adequate medical work-up and counseling service, have their abortion, and return that afternoon to their homes in Massachusetts. All this could be accomplished for a fee of from $135 to $200, including blood typing and Rhogam, plus only traveling expenses. Now at last New York offered a hope that the unsavory traffic in criminal abortion might begin to dry up. The need for a facility in Massachusetts, however, continued to be urgent.

Two more possibilities were investigated. The Harley Hospital in Dorchester, a somewhat rundown building was owned by a general practitioner who wished to sell out and retire. The price again was in the neighborhood of $300,000. It was not situated in a desirable neighborhood, would require considerable renovating, and the staff then operating there would present considerable obstacles to a change in the character of the Hospital's activities.

A more interesting possibility arose during a conference with the Trustees of the Massachusetts Rehabilitation Hospital, a new building affiliated loosely with the Massachusetts General Hospital. A whole floor with 18 beds would require little or no change; commodious single rooms, piped for oxygen, suction and so forth, provided ample space for two operating suites. The license covered only chronic care, and would need modification. However, certain local labor difficulties had only just been resolved, and the Trustees were unwilling to challenge further local antagonism by accepting our proposition to perform abortions.

All the above investigative efforts, involving principally Dr. Abrams, Dr. Steinman, and myself, met with no success through the end of 1970. Meanwhile the counseling service at 3 Joy St. continued to do an unanticipated volume of business. Mrs. Non Talland supervised the volunteers, and Ms. Pamela Lowry was Counseling Coordinator. She reported in February 1971, that PCS completed the first full year having counseled over 6,000 women with problem pregnancies. Both the Scaife Foundation and the Unitarian Universalist Association (through the efforts of the Reverend Dodder, who was then Acting Director of PCS) had definitely promised support on the basis of the tax exemption status that we had been granted.

In April 1971, at the suggestion of Dr. Herbert Horne, Jr., Dr. Abrams approached the Florence Crittenton-Hastings House Board, and found Mrs. R. B. Hutcheson, President, sympathetic to extending their service to unwed mothers to include therapeutic interruptions. This charitable organization, one of a number of independent Crittenton facilities across the nation, had undergone an interesting morphological development.

In 1824, the New England Female Moral Reform Society, dedicated with pious devotion to the rehabilitation of wayward girls who had sinned had been established. In the latter part of the 19th century, two courageous female physicians, Drs. Plummer and Hastings, provided a more direct answer by welcoming those women who were illegitimately pregnant, and who sought their warm-hearted obstetrical care. Needless to say, this outraged both contemporary standards of society as well as the current medical community. Nevertheless, their efforts were supported by a few far-sighted Boston ladies (one of whom was the writer's grandmother).

In 1883 a wealthy philanthropist, Charles N. Crittenton, grieving for the death of his only four-year-old daughter from scarlet fever, established the first of many Florence Crittenton Missions in New York. The major purpose of these missions originally had little to do with pregnancy, but to help the underprivileged in any medical emergency. Crittenton visited Boston in 1894, and his eloquence resulted in the founding of the first Florence Crittenton League of Compassion here in 1896, with a new establishment that became active in Watertown in 1902. It was then that supporting "circles" were developed in the neighborhood to give social and needed financial backing to the cause.

After World War I, a surge of enlightened interest in the plight of those challenged by an unwanted pregnancy brought in funds in the Boston community specifically to provide a home for such girls and women. The name of the Moral Reform Society was changed to Talitha Cumi House in 1924 [4], and the present facility was built in 1925 in Brighton, offering care and counseling throughout the course of the pregnancy. In 1948, this sanctuary for unmarried mothers again changed its name to the Hastings House in honor of one of the pioneering doctors. In 1950, the Florence Crittenton League of Compassion in Brighton was joined with the Hastings House of the Boston Female Moral Reform Society to become the present Florence Crittenton — Hastings House. It is a commodious, handsome colonial brick building, the third floor at the top of the central section containing two delivery rooms, well lit by sky-lights. The two ells were designed to house up to 50 patients, with ample music and common rooms, class rooms, space for occupational resources, and perhaps a unique feature — a number of offices attached to the examining clinic area for a psychiatric staff and trained social workers. The building stands high on a hillside, with spacious lawns and a private driveway. An affiliation with the Boston Lying-in Hospital was concluded with Dr. Fritz Irving whereby his junior staff would follow the course of gestation, then deliver the "Crit" patients in the Home without charge when there were no available funds. A hospital license, renewable

every two years, had been obtained for the Charter, which left no doubt that this was a home for unmarried girls who would be exposed to a strong Christian influence not to sin again.[5] In 1965, a handsome non-denominational chapel was built through the efforts of Circle members. It was found far more practical after 1950 as well as an improvement in medical practice for the physician to bring his patients from the "Crit" for their delivery to the Lying-in Hospital, and this was usually performed by the resident staff there.

For 50 years the Florence Crittenton-Hastings House flourished as a suitable refuge for unmarried pregnant girls from those of all three faiths — Protestant, Catholic and Jewish — and a handsome endowment resulted. The series of "circles," developed in communities within or adjacent to Metropolitan Boston, flourished. Eventually there were 23 of these supporting groups of charitable ladies who contributed a sizeable income from annual balls, white elephant sales, and a whole gamut of imaginative fund-raising affairs.

By 1971, however, the change in sexual mores, and particularly the legalization of abortion in New York, drastically reduced the numbers of unwed applicants to Crittenton facilities across the nation. All, with dwindling income, had to face withdrawal of endowment to meet an increasing deficit. The New Jersey Home, simply closed out; New York clinics were too close and too tempting. Others searched for alternative philanthropic causes that might fill their empty rooms. Mrs. Hutcheson had met with the Directors of the Brighton Home to consider various suggestions — a refuge for delinquent girls or perhaps a half-way house for single mothers and their babies — since the census there had dropped almost 50 percent to less than 30 girls. This was when Dr. Abrams' suggestion of an affiliation with PCS appeared to offer many advantages to both groups.

For the Crittenton, it meant that one whole wing could be utilized in therapeutic terminations of undesired pregnancies, and PCS would guarantee both the quantity of these, and the quality of service strictly limited to that established as legal in Massachusetts. For PCS the "Crit" offered a facility that

had always been granted a hospital license, affiliated with a Harvard Medical school teaching hospital, that had established a strong tradition of charitable motivation both locally and nationally for over 50 years. Legal counsel assured us that the wording of its Charter to provide medical *and surgical* care to unwed mothers covered the abortion procedure.[5] To the Board of Directors of the Crittenton, an extension of the traditional care they offered to include the option of termination of the pregnancy appeared to be an appropriate and preferred solution to their financial problem, and it was voted to pursue this possibility. Similar action was taken by the PCS Board, but there were a few responsibilities each had to meet. PCS agreed to fund the necessary renovations in the available wing, and hired its architect to develop all necessary blue prints. The Crittenton agreed to sound out its supporting "circles" before final action was taken. A negotiating team from each was appointed to work on the complexities of staffing and potential monies received.

In June 1971, it certainly appeared possible that within a very few months Boston might be able to begin to take care of more of its own local patients with unwanted pregnancies for fees comparable to those in New York.

Then, however, a series of political efforts to prevent this were initiated by state authorities. Mr. Troy, the attorney for the Department of Health pointed out that the Crittenton Charter limited its service strictly to unmarried pregnant females and furthermore, did not include termination as an aspect of surgical care it offered its clients. The Charter would have to be altered by a favorable vote of ⅔ of the Crittenton Corporation, numbering some 100 members scattered across the country, at an annual meeting. Second, the renewal of the Crittenton's hospital license, a biannual formality for the previous 50 years, and due the next April, would no doubt be refused. It was contended, reasonably enough, that the Home was not equipped and did not function as a general hospital — not even deliveries had been done there since 1952, and it had been a mistake for the Department to have made all those license renewals. A new application for a maternity home license was required anyway, and if abortions were to be performed, they would have to be done under a clinic license with no over-night stay. The latter ruling was acceptable enough to PCS, since in New York, as previously mentioned, the development of local anaesthesia had established early abortions as an "ambulatory" procedure. It would limit the procedure at the Crit, however, strictly to the first 12 weeks of pregnancy.

Meanwhile, considerable time and expense were used by the PCS architect to develop exciting plans for converting one wing into a modern operating unit when we learned that in no way could such construction be contemplated without exhaustive public hearings to obtain a variance from the Brighton Zoning Board. The opposition of this local committee, and particularly its three elected representatives in the Legislature known to be sympathetic with the "Right to Life" movement, was such that plans for our construction were reluctantly abandoned. Instead, we started to consider refurbishing the two old delivery rooms on the third floor for a much more modest surgical activity. Minor improvements involving only painting and modernized electrical wiring were allowable without a variance, but any construction whatsoever, such as the removal of a door, would not be permitted. Nevertheless, there was a clinic area with examining rooms, used once weekly by the Lying-in staff for pre- and post-natal exams, that could readily serve the PCS program for pre- and post-abortion exams, even though separated by a long corridor from an elevator to the operating unit. The Boards of both organizations voted to proceed with further exploration of the requirements to activate the joint facility.

Through the spring and summer of 1971, the Crittenton's supporting circles met to consider approval of the

affiliation. Since becoming Emeritus Professor of Gynecology at Harvard and the Peter Bent Brigham Hospital, I was glad to have the time to attend several of these meetings with Mrs. Arthur Brooks, a previous President of the Crittenton Board, and a vigorous proponent of the project. Our job was informational, explaining that the Crit would still function as before, but with extended services, and would not in any way change into an "abortion mill." Indeed, it seemed clear that but one operating room could be activated, perhaps allowing for only 20 procedures per week. Thid figure was compatible with statistics of the PCS intake load, wherein it was estimated that about 15 percent of patients would qualify under Massachusetts law. The total seen at Joy Street in a year appeared to number between 7,000 and 8,000, so 15 percent meant we could expect from 1000-1200 to qualify for care at the "Crit," or from 15 to 20 per week. We would point out that 5 to 8 cases a day, three days a week, should not cause any traffic problem in the area. Our legal counsel advised that even if licensing and all other requirements were met, there was the likely possibility of a legal challenge on some unanticipated grounds. The best defense appeared to be a conservative activity, strictly adhering to the letter of permissibility as already practiced in the teaching hospitals. Both the Crit and PCS agreed that the primary aim should be the development of an ideal, a model of a free-standing clinic, accepting limitations in numbers of patients, but perhaps showing the way to break down legal and social barriers so that others more easily might follow. We emphasized the skilled psychiatric and social service personnel at the Crit, and the trained counseling available at PCS. We pointed out the broad provisions that had been built into the Charter Change at the Crit — to be voted on at the Annual Spring Meeting in 1972. These provisions had developed a new and unique concept of a center for the care of all problems related to pregnancy and family planning — including marriage counseling, sterilization, contraceptive services and, of course, abortion.[6]

Some of the Circle meetings were uncomfortably controversial. Individual members threatened resignation on personal religious grounds. Protagonists of the "Right to Life" philosophy were at times brought in. However, by the fall, only six of the 23 supporting groups decided to withdraw from membership. The Crit felt free to pursue the proposal, and the Scaife Foundation committed $50,000 to the PCS to set up, furnish, and pay for instruments as well as outstanding legal and architect's fees.

The first annual meeting of PCS, postponed from the spring, took place in September 1971. Dr. Abrams was elected President, and I accepted the responsibilities as medical director of the organization to be in charge of activation of the proposed Crittenton facility. Dr. Alfred Frechette, Massachusetts Commissioner of Public Health, as well as Dr. Milton Greenblatt, Commissioner of Mental Health, had both been sympathetic with our plans, promising any assistance they could give. We were disheartened, therefore, to learn in November that Commissioner Frechette would retire shortly, and we faced an inevitable delay until his successor should be appointed, and we might find out whether or not he would support our proposal.

In February 1972, we finally received a definite answer from the Department of Health, in which Attorney Troy outlined in detail how the "corporate purposes" in the Crittenton's Articles of Organization must be changed if therapeutic abortion was to be included. Application for a clinic license could not be filed until such Charter changes were accomplished. The Crittenton Board then undertook the challenging job of preparing the Corporation for a vote on the changes at the annual meeting that April, with such success that the new Charter [6] was approved overwhelmingly by much more than the necessary 2/3 vote of the almost 100 members. We had also been immensely encouraged when the U.S. Supreme Court on March 22 upheld the Aldrich decision, which had been appealed by the Attorney General, and declared the Sections on birth control in the Massachusetts General Laws to be unconstitutional.

Any change in corporate purposes of a charitable institution is required by law to be presented for acceptance, first, at a public hearing, and then, at a second public hearing concerning its implementation. These took place in June under the supervision of Dr. William Bicknell, the new Commissioner of Public Health, whom we knew to be personally sympathetic with our views. In these two hearings, the same nucleus of opposition, with the same cast of characters, were allowed all the time they wished to present their well-worn antagonism.

All four of the five teaching hospitals (the Boston Lying-in was finding a new

Chief of Service to replace the late Dr. Reid whose retirement was imminent) gave written support, and the Massachusetts General Hospital agreed to be the necessary "supporting hospital" to receive all emergency situations.

The summer dragged on while we waited for the Department's final verdict on our license application and on accepting the Crit's Charter change. We were then told that a Certificate of Need, although not legally required, must be prepared by legal counsel. This was done, but the final decision of the Department was again delayed in December in order to grant community groups within and bordering on Metropolitan Boston the time to consider their response in reports to the Department.

In preparation for ultimate approval, an Inspector from the Department of Health reviewed the planned facility for an "ambulatory" abortion clinic at the Crittenton at the end of 1972. Many changes in our plans were found to be mandatory, from shifting the whole clinic activity to another wing of the Home, to constructing a guard railing outside the entrance for those who might feel weak or unsteady post-operatively. A detailed protocol of the entire projected procedure had to be prepared. The furnishing of the operating room, lights, table, instruments, and air conditioning, and the service of a surgical staff recruited from the teaching hospitals had to be completed, the ultimate responsibility of the medical director, ably supported by Miss Sally Hurlbut, our Nurse Supervisor.

On 22 January 1973, the U.S. Supreme Court handed down its classic decision on elective abortion, and on 27 February 1973 the Massachusetts Department of Health granted us our clinic license on condition that the changes required by the Inspector would first be concluded.

In the first week of April, the Pregnancy Counseling Service-Crittenton-Hastings House became the first free-standing clinic in the Commonwealth to accept a patient for abortion under local anesthesia. The way had been cleared, after more than three years of effort, so that other free-standing clinics more readily obtained their license to operate similarly within a few short months.

In its first four months of operation, the Crittenton Clinic performed over 400 abortions. This was a small fraction indeed, of the average of some 800 women each month calling the Joy Street office of PCS for counseling. The Crittenton continues to offer its service to those electing to carry their pregnancy to term. It now extends this activity to include office gynecology, vasectomy, and an abortion clinic necessarily limited in numbers, but as a model of the quality of care that is the primary requisite of the best medical practice.

Addenda

1. Chapter 272 of the General Laws of the Commonwealth of Mass. Section 20; Crimes against Chastity, Morality, Decency and Good Order:

   "Except as provided in section 21A, whoever knowingly advertises, prints, publishes, distributes or circulates, or knowingly causes to be advertised, printed, published, distributed or circulated, any pamphlet, printed paper, book, newspaper, notice, advertisement or reference containing words or language giving or conveying any notice, hint or reference to any person, or to the name of any person, real or fictitious, from whom, or to any place, house, shop or office where any poison, drug, mixture, preparation, medicine or noxious thing, or any instrument or means whatever, or any advice, direction, information or knowledge may be obtained for the purpose of causing or procuring the miscarriage of a woman pregnant with child or of preventing, or which is represented as intended to prevent, pregnancy shall be punished by imprisonment in the state prison for not more than three years or in jail for not more than two and one half years or by a fine of not more than one thousand dollars."

2. "Termination of pregnancy by medical abortion is legal in Mass. under certain circumstances. A physician may lawfully perform an abortion if in good faith he believes that it is necessary to preserve the patient's life, or to prevent serious impairment of her health (mental or physical) and if his judgment corresponds with the general opinion of competent practitioners in the community." Commonwealth vs. Brunelle, 1961, 341 Mass. 675.

3. Excerpt from opinion of Judge Bailey Aldrich, Chief Judge of the 1st Circuit Court of Appeals, July, 1970:

   "To say that contraceptives are immoral as such, and forbidden to unmarried persons who will nevertheless persist in having intercourse, means that such persons risk for themselves an unwanted pregnancy; for the child, illegitimacy, and for society, a possible obligation of support. Such a view of morality is not only the very mirror image of sensible legislation: we consider that it conflicts with fundamental human rights." . .

4. From Mark, Chapter V: 41

   "And He took her by the hand and said "Talitha Cumi" which is "Damsel, I say unto thee, Arise".

5. Excerpts from the purposes effecting the consolidation of the Florence Crittenton League of Compassion and Hastings House (Chapter 237 of the Acts of 1961 as amended by Chapter 224 of the Acts of 1963):

   "To aid and encourage delinquent girls to seek reformation; to provide a Home and Hospital for unmarried mothers; . . . to carry on a propaganda for social purity. . . . to provide care for illegitimately pregnant girls and their babies; to instruct them during the waiting period, bringing such wholesome influences to bear upon them as shall lead them to look for God for guidance in their future lives, to provide medical *and surgical* care for the mother and child while in the Home; upon discharge, . . . to follow them with Christian love and advice as they are forced to meet new problems."

6. Excerpts from an amendment to the corporate purposes of the Crittenton-Hastings House adopted by a vote of 85 for, 8 against, (6 no response) on May 4, 1972:

   " . . . to own, establish, maintain and operate a clinic, a hospital, an institution for unwed mothers . . . and to provide services for . . . family planning, medical care, surgical care, restorative services, treatment of the physical and mental health of persons, biopsies, Papanicolaou or other tests, sterilizations, therapeutic abortions, gynecology, obstetrics, counseling on fertility and infertility problems, pathology, psychiatry and instruction with respect to any or all of the foregoing . . ."

The Frontier Inside

by Calvin H. Plimpton '43A

Frontiers are usually thought of as "out there" and once they were, indeed, "out West." But, as Everest and the moon were conquered, geographical and spatial frontiers have been receding like hairlines. There will always be the frontiers between the old and the new, the past and the future, the known and the unknown. Psychiatrists have been exploring the hidden frontiers within, but there is another somewhat neglected and unexplored frontier which I am calling "The Frontier Inside."

In June 1971, the telephone was ringing. It was John Hoyt Stookey.

"Would you like to canoe and camp in New York harbor for five days and four nights?"

I said, "Yes." I was sold before I had been purchased.

"But don't you want to hear about the ecological observations we will make, the pollution we will discover, the lost recreational possibilities that we will identify?"

"No, I still say yes!" It would have been unkind of me to take this time unwinding the whole spiel.

"Well," said John Hoyt Stookey somewhat sadly, it seemed to me, "you're the only one who has said yes without hearing the whole story. We have three canoes and five of us think we need you as the doctor."

But I had already signed on.

The idea as it unfolded was for us to spend the days paddling approximately 120 miles all within the City limits, and the nights sleeping on the ends of docks. We were a little furtive because we were uncertain about the attitudes of the New York Harbor Police, and I was especially sensitive since I would be three weeks into the Downstate Medical Center and was hoping they would feel they had a President and a Dean instead of a God damn canoeist.

As the responsible member of the party, or at least as the professional member, (and even that phrase would be resisted by ecologically oriented companions who regard physicians as a variety of sociological pollution) I worried about immunizations, especially gamma globulin. Certainly the new President would look damn silly sitting in his hospital with hepatitis for three months! We decided against it because with that much gamma globulin in our rear ends we wouldn't have been able to paddle!

And in reference to paddling, as with other things, I seem to be a kind of Jonah and carry a kind of non-statistical improbability. When I drive up to a green light, it turns red, and if I drive up to a red light, it stays red. When I bicycle, it is uphill and always into the wind.

At Amherst, for the psychology class, a delightful half-wit called Dean Burns would be brought over from the Belchertown State Hospital. The Professor would give him a choice of a nickel or a dime, and he would always choose the nickel. Finally one student asked him why.

"Oh," he said. "Professor Toll expects me to!"

Another student persisted and asked, "Dean, what would you think if the road from Amherst to Belchertown was downhill, and then the road from Blechertown to Amherst was downhill?"

The Dean of Deans pondered this and said, "Well, it would be a helluva good idea!"

Well, my bicycling always seems a kind of an uphill reverse of Dean Burns, or Dean Burns raised to the minus one.

The only exception to this sad state of affairs is climbing mountains although even there, major elemental forces are against me going up and coming down. On the way up I run out of gas (oxygen) and on the way down, I run out of knees. Obviously, I made no confession about these inherent violations of statistical probability, Maxwell Boltzman, and thermodynamics. Three years senior and 20 years older than the youngest, I was too tickled to have been invited to risk a disclosure.

At 5:30 a.m. on Thursday, under the suspicious gaze of a passing prowl car, we launched the three canoes into the Hutchinson River at the Westchester border. Like a group of elderly Huckleberry Finns we were almost off, when there was a blast from a tug whistle. CBS television on an ocean-going tug had rounded the bend. Our cover was

East River above Welfare Island

blown and an interview inevitable. Wise comments by Stookey, conservationist remarks by Herschel Post, sports-worthy reflections by Coles Phinizy, littoral concerns by Derry Bennet, legalisms by Chuck Stewart, and then my own brilliant pithyisms to the question "why?" I said I wanted to close off New York harbor on Saturdays and Sundays to all but canoeists, and later would go further to close JFK on weekends to all but paper gliders! I did not go so far as to support closing Central Park to all but bicyclists, but even so I was too radical, too far ahead of my times, for I must have fallen on the floor of the cutting room, and that morning and evening only five wives saw the great debarkation of their husbands.

It was delightful paddling down the Hutchinson River. The air was cool and fresh and somehow conveyed a happy sense of meteorological expectancy. The Co-op City was tall and looked rather sterile, if not frightening, with the absence of any sign of life. All those millions and not a single barefooted soul padding out onto the cool of his cement balcony to see the rising sun. Not a bare chest, not a naked bosom, or for that matter, even a clothed one, stretching with inhalation. You may think this is a casual and superficial observation, but with the binoculars of our bird watchers, it can be regarded as cold fact.

CBS had left us and was replaced by Mike Kaufman of the *New York Times* complete with his son's sleeping bag. He followed us in an outboard the entire time leaving only to file the daily bulletin. My son, Tommy, who should have been paddling, joined him, took all the pictures, and laughed at his old man working.

Across the river in Pelham Park was a 78-year-older, native to Westmeath, but now arriving at 5 a.m. every day from Manhattan to sit, garden, pitch horseshoes, and occasionally sleep in a shack I hope the Parks Department knows nothing about.

We portaged our canoes into Pelham Lagoon to stay close to the City line. It was only perhaps 500 yards, but we really portaged with one man, one canoe, one tump-line, one set of unused atrophied cervical muscles. The other partner carried the other packs. I don't have to describe the experience, just

Ruffle Bar Island

use your own masochistic fantasies. Down the Olympic rowing course and then on out and around and down to Hart's Island with Potter's Field. We explored the graves until we were ejected, and I lost my gloves which were protecting the delicate diagnostic palms from the inevitable blisters (much polite public concern when this was reported in the *New York Times*). We started on a long paddle across the Sound to Udall's Cove, the most northeasterly point of Queens.

At this point I should report some observations about what it is like to be outdoors with ornithophiles, ecologists, and conservationists. It was easy to corroborate the old observation that every smoke-filled room is usually a meeting of environmentalists, though in recent months of 1972 this may be less true. All three bow-paddlers were expert environmentalists and all smoked. Those of us in the stern and theoretically experienced paddlers did not, except for Stookey with a rakish cigar and an ivory filter tip.

But I hadn't come to corroborate. I had come to learn. I had anticipated getting credit for Ornithology 301-302, Botany 275, all in five easy days, so I asked these gentlemen, hinting darkly and I hoped delicately, "What should we do with our wastes?" I had expected real illumination, perhaps something plastic that would self-destruct, and was met by blank stares. I pushed a little deeper and said, "You know, our personal wastes." You can see I was timid, but I was still meeting with no response. I advanced coyly, and I don't understand why these people make me feel coy. It should all be so natural, but the fact is they do. Inadequate as I am, I'd rather undress in front of Mae West than a bird watcher. No, I'll take that back — a female bird watcher completely uninhibits me. "What do we do with our personal excrement? How do we recycle?" Again I was getting nowhere in spite of using the in-words and so in acute embarrassment I resorted to big words. "You don't expect us in a scatological sense to become coprophages?"

Well, that got to them and one said to the other, "Doc is worrying about where we crap."

There was a round of belly laughs and I began to have glimmerings, but just to be sure, this time seriously to corroborate, I said, "You mean it is alright for us to crap in the harbor but not for the worthy burghers of New York!"

"Right on, Doc!"

Well, even in disappointments one does learn and sometimes some unexpected things.

But to get back to other observations. My bow man was Herschel Post, Yale '62, Rhodes Scholar, lawyer, and executive director of the Council of Parks. We shared a tent. He is one of the nicest of human beings and exceedingly intelligent, though I believe he went into banking shortly after our trip. He had not done much canoeing and was tremendously interested in watching birds. It was a fairly stiff stint across the Sound to Udall's Cove. I'll admit to me a canoe is an instrument for getting from here to there, not for spectating, not for spooning as many couples have found out. Herschel kept putting down his paddle, looking through his binoculars, and then trying to pass them back to me.

"Cal, there's a single breasted egret over there, don't you want to see it?"

We would be falling off the wind, losing whole millimeters of distance, and microkilometers of headway. I would dig in and respond, "Herschel, go to hell. Get back on your paddle!" And we would go on until some kind of land-fill was a littoral disaster and he would stop

The author rests at the Consolidated Edison plant.

to photograph it. My main surprise was to find that he had such intense interest and pleasure in the environment as opposed to the sheer unremitting joy of contracting synergistically your triceps, pectorals, trapezii, and deltoids. We made a grand team and arrived first. John Hoyt Stookey rather relented and let us have a bread and water luncheon before setting off for Fort Schuyler underneath the Throgs Neck Bridge.

The worthy Admiral of the Maritime College of SUNY had been warned that a group of pirates might attempt a landing and we had promised to do nothing to disgrace the flags of the United States Navy, the State University of New York, or the Jolly Roger. We put up our tents carefully in what was then the lee, and served strong grog to the Admiral and ourselves. I had cautioned the group about the water in New York harbor that apart from its salinity it might not be healthy. Never fear, no harbor water ever contaminated that bourbon, scotch, or gin and curiously enough, there were absolutely no diseases. The younger group walked across the isthmus to take in a topless show. Two of the stern men turned in and were told later that the group considered the girl and her performance "too clinical!" I have been puzzling about that ever since.

During the night, Hurricane Doria came right into us. The winds tried to lift us and our tents to Block Island, the rains just tried to drown us. Friday, only one canoe went out followed by the *New York Times* outboard, and two of the stern paddlers examined the Maritime College Library (it's not bad). The canoe was left at Shea Stadium and after Friday night at Fort Schuyler we moved two canoes overland to Shea's for Saturday's expedition.

It was a fine day and we had the fun of paddling under a landing strip at LaGuardia and past Riker's Island under the Bronx Whitestone Bridge. There had been a hot debate about whether to go through Hell's Gate and its allegedly treacherous currents, or instead, sneak around north of Randalls-Wards Island and come down the Harlem River. We had even hoped to hitch a ride on a "Honey-bucket," a euphemism for a garbage boat, as far as Governor's island. There was a curious split in the voting. The older wanted Hell's Gate, perhaps because of their tiring muscles, and the younger were more conservative. We lurked behind Consolidated Edison for tidal reasons and then went through Hell's Gate without feathering a paddle, so to speak.

Coming down on Welfare and Manhattan at Saturday noon is unforgettable. The closer you get to the water, the more beautiful our city becomes. I felt like the Lady of Shalott drifting down to Camelot, until Herschel said, "Go to hell, Cal. Get back on your paddle. This is no poet's corner!"

The noise thrown out by the East River Drive is impressive. Yes, there is a Brooklyn Navy Yard, and canoes could easily approach and perhaps sabotage it. There may have been one or two open sewers from Manhattan, but the water looked cleaner than the Thames, the Seine, the Rhine, the Rhone, the Dog River in Lebanon, and the Nile. I have never seen the Danube, and the Ganges is a little special. The harbor didn't look and didn't smell bad, but I did not taste it. Saturday night at Fulton Street we thought of storming the Downtown Association for dinner, but then somehow we diverted into Chinatown. Sleeping on the decks of the Gloucester fishing schooner, the Carriere, was great and dreams of *Captains Courageous* danced in our heads.

Sunday we were off before 6 a.m. paddling between Governor's Island and Brooklyn Heights. It is called Buttermilk Channel because on hot days in olden times cows would wade in from Brooklyn and milk would be leached from their udders, sufficient to discolor the waters with milk. I must look up the physiology of this, but all I know to date is that leaching is probably a slightly inaccurate term. (It seems to mean the removal of soluble constituents from a substance by running water through it.)

We went up the Gowanus Canal into the heart of Brooklyn. Fascinating foreign tramp steamers. Density of water clearly increasing and many non-original remarks about pros and

cons of paddles in semi-solid creeks. Considerable concern about the bubbles of methane until the former biochemist reminded them that methane was just swamp gas. The real disappointment for the biochemist — me — was that as we got further and further into Anastasialand, I thought at least one body would have rotted off its fastenings to a cement block and come to the surface. Alas, not a "floater." (Later, talking with some Mafia they said, "You gotta it all wrong, Doc. We plant em, nice, out in Noo Joisey, little white cross, grass, everything. No, you gotta us all wrong!")

We were out and under the Verrazano. What wonderful noises those suspension bridges make when you are underneath them — like skeletons swinging in the breeze. We went into Coney Island and debarked at Neptune Avenue. This was to be the great portage, almost a mile and a half, and we'd been planning to come back outside over to Staten Island and end at the Battery. The lost day did not, however, mean a lost portage.

Those lovely Old Town canoes probably weigh about 75 to 80 pounds dry, but wet they feel as if they go to 100 or 120. For me, it was a matter of amour propre, elan vitale, noblesse oblige that I should carry the canoe. Herschel is a lean, fit 140 pounder of 32, I am a non-lean, non-fit character of 52. More specifically, however, since the Downstate Medical Center was the fourth largest medical school in the USA, I expected the medical students to be out with bands, ticker tape, mint juleps, oxygen, and shouts of "Go it, Cal!"

There were not only no medical students cheering, but no good citizen of Coney Island was going to seem such a hick as to remark on three canoes going down Neptune Avenue. One of us was asked, "Which way to the Aquarium?" Another was asked, "Is there water around here?" I, myself, tipped up the canoe to see the sign saying "Walk." I started across and a car turning waited for me. Suddenly, a little old lady, a nice little old lady, she could be somebody's great-grandmother, bounced up in front of me under the canoe and said, "God damn you, you son of a bitch. Can't you see you're blocking traffic? Get the hell out of here!"

I almost dropped the canoe on her in amazement, but she was gone too quickly. We had to lower the canoes into Sheepshead Bay and then restored that mythical vigor dependent on oysters and clams in Lundy's. We paddled off in a blaze of glorious megaphones as sightseeing boats passed blasting, "There go those crazy canoeists you have been reading about."

Jamaica Bay was lovely, and the night under tents on Ruffle Bar was very peaceful. Yes, JFK was there, but perhaps our fatigue was predominant.

Monday we prowled through the fens, netting specimen fish, photographing and lazing. The Bird Sanctuary was superb, but disillusioning. I have only been on walks with one bird watcher at a time. You get five of them together and there is no agreement. Twenty and fifty dollar bills were being waged, and it was not settled until a lady psychiatrist friend of mine came down the path. Naturally, I was proud to be seen by her in such erudite company, and anticipated some brilliant conversational feather flying. Not at all. They wrenched her bird book out of her left axilla and attempted instant identification. I was shocked by the vehemence of the passions bird watching had aroused. She was obviously knowledgeable and quickly put them straight. The money disappeared before either she or I could get it, and everyone agreed with her opinion. I'll never trust a male ornithophile again, let alone five of them!

The rest was downhill, even for me. Peacefully paddling around JFK, swimming, lazing along, even letting our bows paddle stern and inflicting rude remarks on them. Finally, at the close of the day, to Howard Beach with quiet minds and clean hearts.

But why? That's the question that bothers those who weren't there. They are too earnest to be put aside, and so I use Stephen Jones:

"to find a path of water heretofore abandoned, or never travelled, is to open up not only a country, but the boundaries of one's heart. . . . "

"Is there any water around here?"

The Committee on Governance

by Albert H. Coons '37

Chairman of the Committee

The Committee on Governance

In the Autumn of 1970, in the after-burn of campus violence which (as it turned out) had reached its climax with the occupation of University Hall the Spring before, a committee of faculty and students from the Medical and Dental Schools was appointed by Dean Ebert. He charged it with exploring the relationships among the many parts of the Medical School. It held an open meeting for the whole institution in the auditorium of the Boston Latin School, and several meetings *in camera*. It recommended the creation of an *ad hoc* Committee on Governance, to be largely elected, with broad powers of enquiry and recommendation, reporting not to the Dean but to the Faculty. The rules for selecting its members were clearly specified: Preclinical and clinical, junior and senior faculty members, students, house-staff, postdoctoral fellows and administration were all to be represented, and the Dean appointed the President of the Alumni Association, and the Chairman of the Board of Overseers' Committee to Visit the Medical School as well.

The Governance Committee met weekly throughout the first year and every two or three weeks throughout the second, a total of nearly 50 meetings. Its minutes record much lengthy discussion, which resulted in the growth of mutual understanding and trust among an initially somewhat guarded group of people. The outcome was the formulation of several changes in the arrangements by which the Harvard Medical School functions, the most important of which was the creation of a faculty council to replace the Administrative Board, an appointed body whose membership is mostly department chairmen. The Faculty has adopted this proposal.

The aim of the Governance Committee was to increase the openness of the procedures, and encourage the exchange of ideas and opinions during the period when important matters are being decided.

The Governance of Harvard and of the Medical School

Harvard University is governed by the President and Fellows of Harvard College, a self-perpetuating body which carries the legal burden for administering the endowment, and as such makes all the decisions which it has not delegated. These decisions are subject to the veto of the Board of Overseers, a body elected by the alumni, 1/5 each year for a five-year term.

For many years each Faculty has
1. nominated its own members,
2. chosen its students from among all applicants,
3. determined the curriculum,
4. set standards for graduation and recommended students for the award of degrees,
5. disciplined students when necessary.

The administrative organization by means of which the Faculty of Medicine[1] discharges these responsibilities is composed of: the Dean of the School, the Departments of the School, and various standing committees established by the faculty, or *ad hoc* committees appointed from time to time for a specific purpose.

The Dean is appointed by the President; he is the executive officer of the Faculty, that is, the school, and as such is responsible for its activities. He must provide the cues which encourage an atmosphere of academic excellence in teaching and scholarship, and freedom for the research that produces new knowledge — a responsibility which extends from the selection of new professors to the establishment of new departments. He must raise the money for new buildings, for new faculty salaries, for financial aid to those students who could not otherwise attend, and for many other purposes.

The Harvard Medical School is especially rich in hospitals affiliated with it; the Dean must deal with their Boards of Trustees in the delicate negotiations which involve the teaching of students and the choice of staff members. The staff will be jointly responsible for caring for the hospitals' patients and for teaching the students, hence its members must be acceptable both to the hospital and to the university.

As the Harvard Medical School's executive, the Dean carries out the wishes of the faculty; in matters like the curriculum, which involve everyone, the faculty must agree to any change. In other matters he must occasionally act alone or with help of his own choosing. Such matters include planning for the future, raising and distributing funds, representing the Medical School to the University, and to the world, including the federal, Commonwealth, and municipal governments. He must keep in touch with the alumni and administer scholarships and fellowships. Finally, he must lead the Faculty.

This represents one side of the duties of the Dean. But there is another. Having delegated many serious functions to the Faculty, the President and Fellows have provided, over the years, the requisite means to carry them out. Each Faculty has its own share of the endowment, from which it receives the income; it also receives the fees collected from its students for tuition, the gifts from its alumni and others, the funds granted by governmental and other agencies for its research. The President and Fellows approve the budget each year, but they do not provide money from general funds. Part of the endowment is, of course, buildings; then there is, for example, the money needed for books, faculty salaries, maintenance service, health and pension plans, graduate students in the Basic Science departments. These flow through the Dean's office, since as the Chief Administrative Officer he dis-

penses funds to the departments, and space to house them as well. These two items, plus his influence on appointments, augment the powers conferred by his leadership and initiative.

The administrative power guiding the operation of the school flows to each Department head, who has a great influence on the appointment of other members of his department, and occasionally on appointments in other parts of the institution. He has a decisive influence on the teaching of students in his subjects.

There are thus two strands of power by means of which the educational goals of the school can be implemented. Both flow through the Dean's office. However, since this power has already been delegated for decades and sometimes for centuries, it is at any single moment diffused among committees, department chairman, and a multitude of commitments. The Dean is greatly limited in taking a new direction unless he can raise new capital to build a new building on some new land, and endow the people and functions within it; he must not only find the money, he must persuade the President and Fellows, and his Faculty of the wisdom of the new enterprise.

The Committee

The membership of the Committee, and the constituencies they represented are:

Faculty members elected to membership, by category:

Harvard School of Dental Medicine — Dr. I. Leon Dogon, Junior Faculty; Dr. Walter C. Guralnick, Senior Faculty.

Senior Clinical Faculty, Full Time — Dr. J. Hartwell Harrison, Dr. John Hedley-Whyte, Dr. Stephen M. Krane.

Senior Clinical Faculty, Part Time — Dr. Claude E. Welch.

Junior Clinical Faculty, Full and Part Time — Dr. Frank F. Davidoff, Dr. Rita M. Kelley, Dr. Peter Reich.

Basic Science Tenure Faculty — Dr. Albert H. Coons and Dr. Don W. Fawcett (elected by the full Faculty); Dr. Elizabeth D. Hay and Dr. Edmund C. C. Lin (elected by the Basic Science Faculty).

Basic Science, Non-Tenure Faculty — Dr. Roberta F. Colman (elected by the full Faculty); Dr. Mario R. Capecchi and Dr. James C. Orr (elected by the Basic Science Faculty).

Members of the Committee in other categories are:

Harvard Medical School Students (elected by class) — Roger Fleischman, Class of 1974; Doug Yock, Class of 1973,; Rex Cowdry, Class of 1972; Emmanuel Cassimatis, Class of 1971.

Harvard School of Dental Medicine (one student from the student body) — Jeffrey Hoover, Class of 1973.

Postdoctoral student (named by Student-Faculty Committee) — Ken Olden, Research Fellow in Physiology.

House Officer (named by Student-Faculty Committee) — Dr. Bart Saxbe, Resident, Peter Bent Brigham Hospital.

Graduate Student (named by Student-Faculty Committee) — Colleen Meier†.

Harvard Medical School Alumni (to be the president of the Alumni Council) Dr. F. Sargent Cheever.

Visiting Committee of the Board of Overseers to the Medical School and School of Dental Medicine (to be the Chairman of the Visiting Committee) — Dr. Calvin H. Plimpton.

Harvard Medical School Administration (named by the Dean) — Associate Dean Henry C. Meadow.

Member-at-Large (nominated by the Center for Community Health and Medical Care) — Dr. Robert S. Weiss.

Student-at-Large (named by the Student-Faculty Committee) — Richard V. Sims, III, Harvard Medical School, 1974.

The Committee added the following members:

Associate Status — Dr. Rita Arditti.

Employees — Ms. Edith Brickman, Ms. Rose Cordes.

The Discussion

The initial meetings indicated a wide area of mutual ignorance of the way the institution was managed, and a disparity of interpretation in the purposes of the Committee. Some of the younger members wished to understand, and perhaps change, the extent and methods of interaction between the Medical School and the surrounding community. Others wished to probe the methods by which decisions were made in the allocation of funds and the establishment of new departments. Still others were concerned with the problems of student discipline, especially those touching on political activity.

The members of the Faculty, especially those without permanent posts, wished to focus attention on the methods of departmental operation, perhaps to mollify the arbitrariness which some thought marked the decisions of the chairmen. Finally, there were those who wished to explore those parts of the institution from which there was little

or no opportunity to express any opinion or even to know what was happening — students, employees, and young post-doctoral members of the departments, including instructors and house staff.

This concern for the powerless entered into the first decision made by the Committee; we decided to hold open meetings of the Committee every third time. In addition, the committee arranged to hold hearings on specified topics to which all interested parties were urged to come. (A few interested people came to each of these, but on the whole, little interest was shown in any of the subjects discussed.) We also circulated the minutes of our meetings to the Faculty and to each department, where they were posted on bulletin boards so that other members of the scholastic community both clinical and preclinical would be informed. We also added to our committee a representative of the Associates[2] and two representatives of the employees of the Medical School.

Although it seemed clear to the chairman that the "department" was the principal focus of power in the institution, little initial interest was generated by its consideration; our first serious discussions dealt with the representation of minorities, and the provision for equal opportunities for women to have full academic and scientific careers despite the inevitable interruptions of childbearing and rearing. In further pursuit of help for the powerless, and in close imitation of the Faculty of Arts and Sciences, whose guidance we often followed, we recommended, and the Faculty established, a Commission of Inquiry, the purpose of which is to help those lost or entangled in the rules of the bureaucracy. This Commission has now been functioning for nearly three years. It has dealt with a half-dozen cases, and has demonstrated its utility beyond question. Its real function is to find the proper channels or to call to the attention of the appropriate officer any miscarriage of intention. Its only power is that of persuasion and publicity. From time to time it is urged to report to the Community through the pages of *Focus*.

As we moved to other matters, our proposals grew more substantive and more serious. We considered the two strands of influence flowing through the office of the Dean, described above. We decided not to propose any modification of the administrative channel; we thought that the allocation of resources could be done better by the Dean than by a committee of the recipients. Also, we wanted him to have enough power, lest no one of stature accept the post in the future. Moreover, a powerful administration is probably always desirable — it is the abuse of power which is to be avoided. Perhaps the best way to avoid abuse is to limit the term of office, lest the habits of the incumbent become institutionalized. The alternative to a strong administration is stagnation. In the end, we concluded that the best way to lighten the Dean's burden and hence to benefit the School, was to help with the problem of leading the Faculty. Since, properly organized, the Faculty is capable of leading itself, we chose as the principal method the creation of a Faculty Council, elected by various parts of the Faculty, which could serve as an Executive Committee of the Faculty, receiving committee reports, considering new enterprises or modifying old ones where it seemed desirable, and able to initiate matters itself; it would be presided over by the Dean. Its membership is intended to represent all elements of the Faculty, including junior members. Its function is not only to provide finished legislation for the consideration of the Faculty, but to increase communication both up and down. Some Faculty functions hopefully would be delegated to it.

In considering the mechanism of electing it, the Subcommittee on Faculty Organization (Drs. Welch, Hay, and Davidoff) pointed out that "a special situation exists in the Medical School where preclinical and clinical departments must, if they are to survive, be jealous of their prerogatives, and promote their own interest. On the other hand, if all decisions were subject to a vote of the entire Faculty, the departments of basic science would be completely overwhelmed by the clinical groups. This we believe would be detrimental to the School." Hence, the Subcommittee recommended a Faculty Council consisting of the Dean, three members appointed by him, four elected by the preclinical faculty and six by the clinical faculty. Nominations were to be supplied by the Preclinical and Clinical Councils, respectively.

During various phases of its evolution, the size of the Council grew to thirty members, largely because of the desire for representation of the junior faculty members, and for election by districts (hospitals or combinations of them) so that the nominees would be known personally to the voters.

The Faculty has passed the enabling resolution establishing the Faculty Council, but the Committee on Elections has so far not reported out an election procedure, which it is empowered to do. No perfect one can be devised, but no doubt a beginning should be made to be improved by experience.

An Appendix lists the legislation already passed by the Faculty on the recommendation of the Committee on Governance. A final item, the creation of a system of Departmental Review, was tabled, largely because the proposal specified periodic automatic review of each department. Some kind of overseeing is probably required beyond the informal arrangements which have prevailed up till now. Perhaps review on the initiative of the Dean will be acceptable.

The Committee on Governance worked long on what at the end appears to be a small body of new procedures. One of them, the Commission of Inquiry, has been actually tested by functioning. For the rest, they are based on the principle of government by open procedures, by wide representation, and by the free passage of information throughout the institution. However, no procedure or organ of government will function well unless it is used with faith, and unless its spirit is respected.

In submitting this summary, I take the opportunity to thank all the members of the Committee for their contributions to its accomplishments. They served faithfully despite the often considerable inconvenience it must have caused them. The administration also sturdily supported the enterprise by providing information promptly and thoroughly. It also provided sandwiches and coffee for each (evening) meeting, and finally, graciously invited each member and spouse to a fine banquet at the end.

Appendix

Committee on Governance Recommendations Voted by the Faculty of Medicine

I. Commission of Inquiry

(I) 1. Resolved, that the Faculty of Medicine establish a Commission of Inquiry for the members of the Medical and Dental Schools.

2. The Commission of Inquiry shall serve as a clearing house for inquiries, suggestions or complaints brought to it by members of the Faculty, students, or employees of the Harvard Medical and Dental Schools.

3. The Commission shall expedite the resolution of problems submitted to it by assuring, insofar as it deems it appropriate, that inquiries, suggestions, or complaints are brought to the attention of and in due course dealt with by the appropriate agencies of the Medical or Dental Schools. It may recommend further consideration of an unresolved problem by the Dean, the Administrative Board, or the Faculty, if, in the Commission's judgment, the problem cannot be properly handled by other agencies.

4. The Commission shall consist of three members of the Faculty, two students, and two employees to be elected by their respective groups. The Commission is empowered to add up to two additional members to broaden its representation.

5. The regular term of office for elected members shall be two years, half the members to be elected each year by a mechanism to be determined.

6. Any necessary support of the Commission shall be provided by the Dean.

(II) Resolved, that the Committee on Governance be authorized to name individuals to serve temporarily on the Commission of Inquiry until such time as its regular members can be duly elected. The temporary Commission is

instructed to choose a representative of the black minority to join it as a temporary member. (Voted May 26, 1971).

II. Committee on Elections

1. The Faculty of Medicine shall establish a Committee on Elections which will conduct whatever elections are required and report the results to the Faculty and to the individuals elected.

2. The Committee on Elections shall consist of six members appointed by the Dean, the Preclinical and Clinical Councils, each appointing two members, one from the Junior and one from the Senior Faculty in overlapping terms of two years. The staggered terms shall be determined by lot by the the Committee on Elections. (Voted February 16, 1973).

III. Faculty Council

1. A Faculty Council shall be established, its members to be chosen by periodic election, and that the Administrative Board be declared inactive. The Council will elect its own Vice-Chairman annually.

2. The Faculty Council shall represent and guide the Faculty in the formulation of policy for the Schools of Medicine and Dentistry, and shall assist and advise the Dean. It will be consulted on all major changes and innovations.

3. It shall act on matters brought to it by the Dean and may also initiate business itself. In the absence of the President the Dean will preside; in the absence of both the Vice-Chairman will preside.

4. On major issues the Faculty Council will submit recommendations to the Faculty. On other issues it will make decisions, but on request of the Dean or any other members of the Council any decision may be referred to the Faculty for approval before it becomes effective.

5. It shall receive and recommend to the Faculty reports from all Standing or *ad hoc* Committees of the Faculty except those reporting to the Committee of Professors.

6. It shall receive periodic reports from the Dean concerning the financial status of the School.

7. To make its deliberations more effective it may appoint committees from within or without its own membership.

8. Members of the Council shall be elected under the supervision of the Committee on Elections in accordance with rules to be adopted by the Faculty.

9. The Council shall meet at least once monthly during the academic year on a regular schedule and also on the call of the Dean or the Vice-Chairman. The Agenda shall be prepared jointly by the Dean and a Docket Sub-Committee of the Council that includes the Vice-Chairman.

10. If a member of the Faculty Council fails to attend a majority of regular meetings during one year, his seat shall

be declared vacant and an election shall be held to fill this seat for the balance of the term.

11. The Faculty Council may invite such non-voting participants as it deems appropriate. (Voted February 16, 1973).

IV. Screening Committee on Faculty Discipline

1. The members of the Screening Committee on Faculty Discipline [shall] be chosen by lot from a group of Faculty defined as eligible by the Committee on Elections to consist of five senior and five junior members of the Faculty.

2. These same ten Faculty members shall be those designated to serve on the Student Review Board.

3. When any complaint is brought to the Screening Committee, the person complained against may request of the Faculty Council that the Screening Committee be augmented by as many as two Faculty members. The request should state the category or categories of appointment from which the additional members are to be drawn and the reasons why persons occupying such positions would bring an additional valuable perspective to consideration and settlement of the case. If the Faculty Council approves the request, it shall appoint a member or members of this Faculty or of any other Harvard Faculty (with its permission) to serve as members with full rights of participation and voting of the Screening Committee for the particular case. (Voted June 8, 1973).

V. Status of Women

A permanent Committee on Women should be appointed by the Faculty Council and charged to survey yearly the status of women at Harvard and suggest ways of increasing the number of women on the faculty and within the Harvard Medical and Dental Schools. The Committee should address itself to the problems of women in the Harvard Medical and Dental Schools. Until the Faculty Council is able to appoint this permanent Committee, the Dean of the Faculty of Medicine with concurrence of the Administrative Board should be empowered to appoint a Committee whose duties will extend for at least one year, and until the Faculty Council is prepared to appoint a permanent Committee. (Voted February 19, 1973).

VI. Student Review Board

1. Questions of discipline concerning Medical and Dental students charged with violations of the Statement of Rights and Responsibilities shall be considered by a Student Review Board, except that any student may alternatively choose to have his case heard by the Faculty Council.

2. The Student Review Board shall consist of two Medical and Dental students from each class, one graduate student, and ten Faculty members, bringing the total membership to 19 individuals.
a. The student members shall be chosen by lot according to procedures specified by the Committee on Elections.
b. Faculty members of the Student Review Board shall be those individuals selected to serve as the Screening Committee for disciplinary action against Corporation Appointees.
c. Terms of service shall be two years and shall be staggered so that half the membership is renewed each year.
d. The Student Review Board shall request legal advice as necessary from the General Counsel of the University.

3. The Student Review Board so constituted shall choose a chairman to serve for one year and shall then divide itself proportionately into three Hearing Panels which shall accept cases in rotation.

4. The Hearing Panel shall determine the facts in each case and shall present these findings with appropriate recommendations to the full Student Review Board. The full Student Review Board shall require a majority vote (the chairman voting only to break a tie) to determine whether the charges against the defendant are substantiated by the facts and, if so, shall determine the sanctions to be imposed. The deliberations of the Hearing Panel shall in all other respects adhere to the appended "Procedures," referring to procedures adopted by the Faculty of Arts and Sciences for the Committee on Rights and Responsibilities.

5. The decision of the Student Review Boards shall in all cases be reported to the Faculty Council and shall be effective immediately except for sanctions requiring a vote of the entire Faculty. A student may appeal the actions of the Student Review Board to the Faculty Council and/or the Faculty as a whole. In no case shall the sanctions imposed by the Student Review Board be increased in severity. (Voted February 19, 1973).

VII. Departmental By-Laws

Each department [shall] be expected to draft, maintain and make available a current set of By-Laws and to send a copy to be kept on file in the Dean's Office. (Voted November 2, 1973).

VIII. Employee–Faculty Committee

An Employee-Faculty Committee [shall] be chosen in accordance with the general guidelines proposed by the Committee on Governance, to report to the Faculty Council at least annually. (Voted November 2, 1973).

IX. Public Knowledge of Committees

The membership and charge of all Standing and *Ad Hoc* Committees (except those dealing with promotion of a specific individual) shall be publicized in the appropriate University publication at the time of the appointment of those committees. Members of the Harvard Medical Community shall be encouraged to communicate with committee members to present their views. (Voted November 2, 1973).

Footnotes

1. The Faculty of Medicine embraces both the Medical School and the Dental School. The Dean of the Medical School is also the Dean of the Faculty of Medicine.

2. Associate Status is intended for those individuals who contribute professionally to the faculty's research programs; they ordinarily do not engage in teaching on a regular basis.

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